

Quality Committee
Finance & Investment Committee
Both Committees

ID	Title	Business Area	Handler	Risk Type	Risk Subtype	Opened (date risk identified)	Review date	Description	Controls in place	Gap in controls	Rating (initial)	Rating (current)	Risk level (current)	Rating (Target)	Description (Action Plan)	Synopsis (Action Plan)	Progress (Action Plan)	Assigned to	Due date (Action Plan)	Done date (Action Plan)
CEO																				
1023	Executive Team capacity	CEO	Barnes, Rod	Strategic Risk	Capacity	09/09/2017	02/07/2018	IF capacity is reduced within the Executive Team THEN there may be a lack of strategic direction in areas of the business RESULTING IN failure to progress delivery of strategic and/or operational objectives	TEG and TMG Executive Director level cover across the business as a whole at all times Appointed to ED of WorkForce position Appointed to Director of Integration and Urgent Care Appointed to Deputy Director of Operations Appointed to General Manager - Operations and other senior management roles Support of AACE in plans and modelling for ARP Ops plans for 2018/19 are well developed and have been approved by commissioners	A&E Operations - Director secondment		16	12	Moderate Risk	6	Interim accountability in senior team Ensure clear interim accountability and communication arrangements within the senior management team	To determine: Nominated lead for Operations at Board Level, consider Divisional Commander to be first among equals/nominated Executive Director. Agreed comms and escalation route supported by the above. Provide a more Operational focus through TMG and TEG, to support Ops colleagues and to expedite decision-making Oct 17: support through TMG	Barnes, Rod	30/10/2017	31/10/2017
															Progress I&UC Director appointment Progress the appointment of a Director of Integration and Urgent Care	Oct 17: Appointed to Director of Integration and Urgent Care	Barnes, Rod	18/12/2017	31/10/2017	
															Specialist support Secure specialist support for the senior teams whilst substantive Directors are not available	April 18: All Executive Team roles are filled on a substantive basis. EDO secondment to AACE is being covered by the Deputy Dir. of Ops role, part time leadership support from Bob Williams and others from the Association of Ambulance Chief Executives (AACE) who are assisting with development of plans and modelling to support the implementation of ARP. March 18: Executive Director of Operations return in April 18 Jan 18: Director of Ops from NWAS is providing advice and support to Deputy Director and Divisional Commanders. Oct 17: peer support through TMG and TEG	Barnes, Rod	02/07/2018		
Business Planning and Development																				
261	Business tendering	Business Development	Mobbs, Leaf	Strategic Risk	Financial	13/03/2013	30/06/2018	Adverse impact on financial service delivery due to competitive tendering and potential loss of associated business. Upcoming contract negotiations will highlight any further risks to contract expectations.	1. Major tender assurance process 2. F&I Committee scrutiny 3. TEG / TMG review 4. Gate review process in place and signposting staff to ensure the process is followed 5. Weekly review of tenders within the wider external market 6. Stakeholder engagement and relations with key commissioners and NHSE & NHSI. 7. Marketing manager recruited focused on commercial / external threats 8. Comms plan with monthly updates to key urgent care and SRG representatives.	1. External meetings with commissioners/System Resilience Groups (CCG level) due to the high number of meetings, means that information collation, and intelligence around risks to core business is difficult to manage but has improved with named leads for each resilience group.		20	12	Moderate Risk	8	a)Improve Commissioner and YAS communications Contract manager to develop a contract briefing Deputy now in place b) To develop a paper for internal review and to inform commissioners of the scale of reconfigurations across Yorkshire and the Humber	Deputy in post Briefing note signed off Collected reconfiguration information from most of our CCGs and now collating. Report presented to TEG.	Bennett, Julie	31/12/2015	30/12/2015
															Monitor other ongoing tenders Evaluate potential impact of other ongoing tenders that YAS are not bidding for: 1) North Scarb/Ryed Community Services 2) Doncaster new urgent work 3) Sheffield Hosp 3 month winter pressures IFTs	March 18: ongoing monitoring of local and regional tenders that YAS are not bidding for but may have some operational and financial impact, modelling impacts where indicated to inform discussion and negotiation on mitigation of risk Oct 17: YAS is part of regional network and maintaining a register of tenders, modelling impacts where indicated to feed in to negotiations	Sandford, Matt	30/06/2018		
															Hull PTS tender Bid for Hull PTS Contract	Confirmed Hull PTS bid unsuccessful Outcome of Hull CCG PTS tender exercise will result in financial impact, if YAS does not effectively resolve the funding issue before then end of the contract then the financial impact to YAS would be circa £1m	Dexter, Chris	30/11/2016	16/12/2016	
															Bid for South PTS contract Respond to South consortium (Sheffield, Rotherham, Barnsley CCGs)PQQ and bid for PTS contract	April 17: Update - YAS awarded South Consortia 5 year non-emergency contract. YAS has been selected to deliver: Core outpatient services throughout South Yorkshire and on-day discharge services in Sheffield Ad-hoc repatriation work for the four South Yorkshire clinical commissioning groups (CCGs) GP urgent services in Sheffield (won from Arriva, the current provider). The contract will commence September 2017. Bid process updates archived	Dexter, Chris	24/04/2017	17/04/2017	
															East Riding PTS Tender East Riding PTS tender	Jan 17: Contract negotiation extension period, ER contract will go out to tender April 17: successful	Dexter, Chris	03/04/2017	28/04/2017	
															North PTS (VOY and scar/ryedale) Tender for North PTS - Vale of York and Scarborough/Ryedale	Jan 18: contract secured for further 5 years with possible 2 year extension. Announced 24.01.18 YAS has been awarded the contract to deliver Medical Non-Emergency Transport (MNET) for CCGs Scarborough and Ryedale as well as Vale of York. The new contract will commence on 1 July 2018 for a five-year period, with the possibility of a further two-year extension. The new MNET incorporates some elements of delivery that will be new to YAS (eg enhanced discharge services in some areas) and some changes (reinforcing the eligibility criteria). The award of this contract means that YAS has been successful in retaining PTS operations throughout North Yorkshire and the East Riding of Yorkshire Oct 17: Bid submitted 26 Oct 17	Dexter, Chris	18/12/2017	24/01/2018	
															re-negotiate contractual terms North PTS - Hgt, Richmd Re-negotiate contractual terms following VOY and Scarb/Ryedale tender	Sept 17: negotiation with commissioners regarding split between VOY/Scarb/Ryedale and Hgt, Richmond - complete	Dexter, Chris	30/10/2017	23/02/2018	
															IUC specification (NHS111) Plan for response to Integrated and Urgent Care contract tender.	Apr 18: RAG - SQ imminent . Slippage in Commissioner timescales, decision now expected by end of Nov 18. 9 workstreams established and leads identified. Feb 18: Workshops held in January 2018 to understand resources required to respond. Timing of tender as yet is unclear. NHS111 contract ends in 2018.	Townend, Keeley	30/06/2018		
															2 day external 'bid' workshop Planning and Development Team organising a two day workshop to coach on engagement, PIDs, constructing bids.	Aug 17: Bid workshop held for PTS, well attended. June 17: Invites sent out	Sandford, Matt	28/08/2017	28/09/2017	
															PTS West tender Prepare for PTS West tender	March 18: Comms to staff has commenced Feb 18: pro-active workshop being planned in preparation for tender. Unclear on timing of bid process at this stage.	Dexter, Chris	30/06/2018		

911	Strategic Impact of Reconfigurations	Business Development	Mobbs, Leaf	Strategic Risk	Financial	12/12/2016	30/06/2018	STRATEGIC IMPACT OF RECONFIGURATIONS IN WIDER HEALTH ECONOMY IF the modelling of requirements to address the impact on YAS of reconfiguration of services in the wider health economy are not acknowledged and resourced THEN this will impact on performance, patient safety and compliance RESULTING IN failure to deliver YAS Strategic Objectives	1. ORH Modelling of impact on YAS of specific reconfiguration plans 2. Quality Summit focus on reconfiguration and turnaround 3. Engagement with STPs 4. Planning & Development Group established with representation from clinical, contracting and A&E operations. 5. Internal Audit of reconfigurations - report Dec 16 6. Register on SharePoint	Modelling of combined impact of reconfigurations Management of: increased Turnaround, drive time, & transfers for specialist care Repatriation of displaced resource, increased costs, added clinical risk (Risk 368) with reduced 999 response resource Over a 12 month period a total of 62,244 staff hours would be required in order to cover all of the changes, Harrogate stroke, Scarborough children, Friarage front end and Darlington front end. This equates to 1197 staff hours per week, and 170 staff hours per day. Assuming 37.5 hr/wk, requirement would be 32 more staff to cover this demand. Mitigations for expanded episode of care resulting in added costs additional pharmacy and supplies costs and additional fuel	16	16	High Risk	8	Monitor reconfigurations	Maintain register of reconfigurations, collate intelligence and work with STPs to model impact and determine mitigations	April 18: Risk Manager updated RAG that operational risk for Friarage entered on CRR. Scoping other risks based on QIAs and will be entered up once agreed March 18: ongoing collation of reconfigurations intelligence and working at strategic level to model and mitigate risks. Individual risks relating to operational and financial impact of reconfigurations are added to the risk register when detail is available and potential impact determined. Friarage to be added to CRR	Mobbs, Leaf	30/06/2018	
															Paper to CMB	Present combined impact of proposed, planned and implemented hospital reconfigurations across the region to create a shared understanding of level of risk	29.3.17 Paper to CMB stated the Trust's capacity to deliver an emergency response is at increased risk from the cumulative impact of service reconfiguration as they are associated with Overall increase in job cycle time; increased distances; increased activity and therefore staffing and increased potential for vehicles to 'drift' with failure to acknowledge and address these factors resulting in potential for increased risk to patient safety. To ensure that the impact of reconfiguration on quality and performance is appropriately monitored and escalated, the Trust will continue to undertake impact modelling of identified scenarios; Identify options to address risk and capacity gaps; Escalate to lead commissioners through Contract Management Board and Discuss with local commissioners and providers regarding anticipated impact on YAS performance and quality. Impact assessments, an issues log and graphs showing impact of reconfigurations shared in the report.	Bennett, Julie	29/03/2017	29/03/2017
															Deliver Internal Audit recommendations	Deliver recommendations of IA 171126: Acute service reconfigurations:	SEPT 17 responses: 1) Considered as part of negotiations for phase 2 MYHT reconfiguration. Financial settlement was reached to reflect impact of reconfiguration on operational services. This will form part of any future negotiations. Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Action complete 2) Integrated Business Planning Group reports to TMG, minutes taken and TOR reviewed. Reconfig Group is a working group providing info to IBPG. A&E Delivery Board minutes taken and TOR reviewed. Action complete 3) Reconfiguration Group established within the Trust that models the financial, safety, activity impacts of proposed reconfigurations and use this information as part of negotiations. Current work includes MYHT review, Calderdale/Huddersfield proposals, SY/Bassetlaw ACS hospital services review. Action complete and will be applied going forward	Sandford, Matt	26/09/2017	26/09/2017

Finance Directorate

978	Tail Lifts on A&E vehicles	Fleet	Gott, Jeff	Operational Risk	Health and safety	18/05/2017	29/06/2018	IF the Trust does not complete specific rectification work on the A&E fleet tail lifts, monitor fault development whilst this work is completed THEN the tail lifts will fail to operate correctly or could collapse RESULTING IN significant harm to patients (falls) and staff (falls and musculoskeletal injury)	Inspection programs in place to monitor affected vehicles for fault development until rectification completed Schedules in place to carry out rectification / modification work for affected vehicles 115 affected vehicles in the program April 18: 34 complete, 4 in progress, 77 outstanding Converters will deliver a minimum of 6 per month May 19 is date to compete programme	12	12	Moderate Risk	4	1) Mercedes modular body vehicles 09 - 12 - tail lift frame inspection	Inspection of all affected lifts (120 vehicles) every 4 weeks to identify cracks in the frame	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: all tail lift frames now replaced.	Gott, Jeff	31/01/2018	04/01/2018
														2) Mercedes modular body vehicles 09 - 12 - tail lift frame replacement	Replacement of tail lift frames (120 vehicles)	Jan 18: all tail lift frames now replaced.	Gott, Jeff	25/09/2017	04/01/2018
														3) Mercedes van 14 + 15 cohorts - pin retainer inspection	Inspection of all pin retainers every 5 weeks (82 vehicles)	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as scheduled.	Gott, Jeff	31/03/2019	
														4) Mercedes van 14 + 15 cohorts - pin retainer replacement	Replacement of all pin retainers with modified lock (82 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928). JG to investigate if the pin retainers can be replaced on LOLER test rather than tail lift modification. This would ensure completion of replacement within 6 months rather than the planned 15 months.	Gott, Jeff	31/03/2019	
														5) Mercedes van all cohorts 12 - 15 - extender bar	Inspection of all extender bars (116 vehicles) every 10 weeks	Oct 17: inspections scheduled and undertaken in accordance with requirements until such time that rectification works are completed. Jan 18: inspections continuing as per schedule, issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
														6) Mercedes van all cohorts 12 - 15 - tail lift platform modification	Modification of all tail lift platforms to become fixed rather than sliding (116 vehicles)	Jan 2018 - 25 out of 112 total vehicles have now been modified - tail lift, rear doors and internal seat removal. Plan has been to do 6 vehicles per month however, there have been issues with the tail lift manufacturer so there has been some delay. Work back on track with 6 per month which will see another 18 done before end of 17/18 with the rest planned completion by end of 18/19. Manufacturer will do 8 per month where permitted to gain early completion.	Gott, Jeff	31/03/2019	
														7) Mercedes van all cohorts 12-15 - bridge plate	Fixing of all bridge plates on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
														8) Mercedes van all cohorts 12-15 - deformed platform	Fixing of all deformed platforms on 10 week service (116 vehicles)	Jan 18: issue will be eliminated by tail lift modifications (see action 3928)	Gott, Jeff	31/03/2019	
														9) All A&E tail lift vehicles - awareness of correct operation	Raise awareness amongst A&E staff of the potential for tail lifts to tilt downwards if loaded incorrectly i.e. too much weight at the outer end	Mar 18: Staff notice produced and sent out to staff via Corporate Comms. Jan 18: Fleet to produce instructions and pictures, quality and safety to distribute information	Gott, Jeff	31/01/2018	23/03/2018

767	Movement of equipment between vehicles	Fleet	Owen, Andrew	Operational Risk	Equipment Related	17/02/2016	23/07/2018	IF equipment is transferred between vehicles THEN the MDMD cannot track them for scheduled maintenance RESULTING IN potential for non-serviced equipment to fail and non-compliance with legislation and YAS policy	<ol style="list-style-type: none"> Regular audits on vehicles Missing kit is datixed MDMD follow up on missing equipment LP15 devices if not found within 2 working days will be reported as stolen. Trusts Security Manager is informed where appropriate Asset register records serial/asset number to fleet number allocated Each device labelled with fleet number that the asset number is assigned to LP15 programmed to the vehicle it operates from. SOP signed by the Directors on movement of medical devices agreed process for necessary swapping of equipment Critical equipment checklist Equipment is checked daily as vehicles go through Unit M workshop for servicing/MOT/repair 	<ol style="list-style-type: none"> lack of appreciation in A&E Ops of Trusts equipment policy and SOPs and how/why equipment is allocated to specific vehicles no allocated budget in MDMD for replacement of defibrillators recorded as missing Defibrillators over scheduled maintenance date may be found on I4I/CQC inspection if unable to be tracked by MDMD and recorded as missing SOP signed by Directors on movement of devices is not being followed by Ops staff 	9	12	Moderate Risk	3	Operational Alert - movement of medical equipment	Send out Ops Alert re movement of equipment	Complete	Macklin, David	03/03/2016	03/03/2016
															Staff alert - defib and standard equipment load list	To distribute a Staff Alert confirming which type of defibrillator should be on which vehicle, depending on staff role, and also the Standard Equipment Load List	Alert has been distributed.	Dykes, Steven	25/04/2016	25/04/2016
															Continue to monitor moved and missing equipment	Medical Devices Team to continue to monitor movement of equipment and escalate	Apr 18: RAG- continued monitoring of missing/moved equipment is BAU for Medical Equipment Department. Incidents of missing equipment have decreased. risk to move to monitoring at local MED level. Feb 18: monitoring of missing/moved equipment continues with incidents to be reported where equipment not located. Dec 17: increase in movement of equipment in A&E Ops. Escalated to Deputy Director of Ops and Exec Medical Director. Urgent alert to be sent out. Feb 17: Incidents of movement, particularly LP15 defibs, mainly in North & East.	Owen, Andrew	23/07/2018	
989	Vehicle availability for A&E	Fleet	Moyes, Richard	Operational Risk	Capacity	13/07/2017	29/06/2018	IF vehicle availability does not meet A&E rota requirements THEN staff will be on shift without a vehicle RESULTING IN lack of utilisation of rota'd staff and inefficient use of resources	New rota pattern - vehicle availability is meeting core rota Planning for impact of Tour De Yorkshire - requirement for 11 RRV and 8 DCA. Plan for ARP delivery 380 DCA and 75 RRV approved by commissioners @ 4M	Vehicles not in the right place over the core rota and no capacity to move them, particularly at weekends Management of on-day rota changes Management of overtime	15	15	High Risk	3	SLA for fleet/frontline - working together	Write SLA for Fleet and frontline vehicle users	Feb 18: No feedback from staff side, SLA currently with them for comments Jan 18: Engaging with staff side. Oct 17: consultation ongoing with relevant groups to approve and implement SLA 1 July: Head of Fleet has begun writing an SLA for Fleet and vehicle users on how best to work together. 26.7.17. Draft SLA written and distributed to the Vehicle Accident Reduction Group for comment. Once comments are received, the document will be amended and placed on wider circulation.	Moyes, Richard	29/06/2018	
															Understand resource planning process	Head of Fleet to meet with Resource Team and Locality Managers to understand the rota planning process and how to align vehicle availability	25.7.17 - Head of Fleet met with resourcing team to understand planning process. There are a number of possible workstrands being explored by Fleet and A&E to determine appropriate resource.	Moyes, Richard	31/08/2017	18/08/2017
															Oversight and management of frequent vehicle damage	Sector Commander/Locality Manager oversight and management of staff who have frequent RTCs/accidental vehicle damage	Jan 18: Job card is tagged as accident. Oct 17: formalising the process for review of vehicle damage and consistency of approach through SLA Database contains names of staff who have frequent accidents and the associated actions taken by the locality manager.	McSorley, John	29/01/2018	24/01/2018
															Vehicle familiarisation - driver checks	Understand what driver training includes in terms of vehicle familiarisation and basic checks	20 Dec 17: initial meeting, action agreed to understand what basic checks are part of training Apr 18: Meeting held with driver training instructor in March and a copy of notes for the driving course have been provided to H&S Manager. Vehicle checks prior to use are detailed as part of the course at several points and completed each time the students use a vehicle for practical work.	Jackson, Shelley	31/03/2018	11/04/2018
															Halfords card - use of	Publicise availability and appropriate use of Halfords card for minor vehicle remedial works to avoid VOR (eg. lightbulb replacements)	Feb 18: Article with Internal Comms for publication - published 27.02.2018 20 Dec 17: apparent that not all staff are aware of the Halfords card. To work with Internal Comms to publicise its use.	Gott, Jeff	30/04/2018	27/02/2018
															Holistic vehicle review	Holistic vehicle review to be conducted	Apr 18: RAG - ARP modelling requires 380 DCA 75 RRV, this is approved by commissioners and funded to 4k. 30 RRVs to be removed now (11 to go on Tour De Yorkshire - TdY). 27 ex-West Mids DCAs purchased last year - 5 ready, will be allocated to TdY and into operational duty afterwards. Issue with Airwave in back of vehicle - can use removed RRV kit but will need additional with 12 week lead time, being discussed by JSG. Workforce representative at RAG reported that the consultation on staff moving from RRV to DCA roles is underway. Feb 18: Review has commenced, this is work in progress. Current DCA provision is 303 funded, 15 non-recurrent and 2 HART in use. Review of RRVs and LAT provision ongoing.	Moyes, Richard	29/06/2018	
															Monitor 16/17 Finance CIP	Monitor Finance CIP 16/17	16/17 updates archived	Crickmar, Alex	31/03/2017	19/04/2017
784	CIP 17/18 and 18/19	Finance	Phillips, Mark	Operational Risk	Financial	05/04/2016	31/05/2018	IF YAS fail to deliver Cost Improvement Programmes (CIP) THEN this may result in non delivery of budgetary target and loss of credibility in delivering corporate CIP programme	<ol style="list-style-type: none"> Project plans (some PIDs submitted for 18/19) Business Finance Manager responsible for monitoring Escalation to Associate Director and CIP Monitoring Group 	Impact of non-recurrent CIPs from 17/18 on 18/19 plan	12	12	Moderate Risk	6	17/18 CIPs	Monitor delivery of 17/18 CIPs	Feb 18 (RAG): schemes have overachieved against target but non-recurrent element from vacancies presents a pressure on 18/19. Jan 18: Non - recurrent CIPs will impact 17/18 Oct 17: Whilst YTD the Trust has overachieved against target by £1,130k, 36% of savings have been delivered non-recurrently and therefore causing an underlying recurrent financial risk for future years. March 17: CIPs short of target, ongoing review and monitoring through CIPMG Feb 17: Collation and review of PIDs ongoing monitoring of delivery in year. RAG Jan 17: PIDs will be reviewed at CIPMG	Phillips, Mark	04/04/2018	22/02/2018
															18/19 CIPs	Monitor delivery of 18/19 CIPs	Apr 18: RAG - non-recurrent pressures are to be discussed by TEG next week. Feb 18: RAG- current position is 1M gap in CIPs for 18/19 Jan 18: Non recurrent 17/18 CIPs will impact. Oct 17: PIDs have been submitted and review by CIPMG	Phillips, Mark	31/05/2018	

680	Air Conditioning Failure and Fire Risk (ICT Server Room)	Estates & Facilities	Hemsley, Stephen	Operational Risk	Equipment Related	16/07/2015	31/05/2018	IF the Air Conditioning Unit breaches the tolerance range required for the ICT Server Rooms THEN the temperature will increase RESULTING IN servers overheating and failing and potential fire risk, thus losing ICT systems and services to YAS and its Patients and risk to staff.	1) Notifications both visual and audible of air con failure 2) Risk to SH2 Server Room Air Conditioning has been mitigated by delivery of two 7.3kw 'hire' industrial mobile chillers; installed and managing the server room temperature effectively (03.08.15). 3) Airedale (air con) units - resilience established with spare parts readily available off the shelf, a number of relevant parts are purchased, and skilled persons are available for fitting. 4) Fire risk assessment completed, Argon Gas Suppression system costed and approved. 5) Air con plan to replace in Q4 of 2017/18 after completion of fire compartmentation works	1) no fire suppression system installed	20	12	Moderate Risk	4	DSSR appraisal of plant	1) DSSR Consulting Engineers to review and appraise condition of existing plant and make recommendations for such replacement as necessary.	This is not being pursued as existing plant is able to be maintained / repaired.	Hinitt, Ian	26/10/2015	14/01/2016
															Business case for Air Con	2) make a defensible bid/business case for capital for next year (2016/2017 period) based on DSSR review	Business case agreed for tender within 16/17 - to install air con in Q4, Redworths developing detailed design specification,	Hinitt, Ian	29/08/2016	26/08/2016
															Air con tender and installation	3) Procure the detailed design, specification and tender process of any new system	April 18: tender awarded and works commenced	Farrell, Paul	31/03/2018	18/04/2018
															Select preferred AirCon contractor	4) selection of contractor and contract commencement - date to be confirmed	April 18: RAG - selected and works underway.	Farrell, Paul	31/03/2018	18/04/2018
															SH2 Air Con Fire Risk Assessment	review risk assessment (February 2014) and reappraise the risks based on recent incidents	Recommend a wholesale review of the server room plenum ventilation be undertaken and currently gaining fee quotes, for a prospective upgrade in 2016. June 16 - Assurance to H&S Committee - risk assessments 100% compliant with Regulatory Reform (Fire Safety) Order 2005. Recommendations submitted to Estates for action. Fire suppression to IT Server Rooms YAS HQ is scheduled for 2016	Hinitt, Ian	17/08/2015	24/08/2015
															Argon Gas Suppression system	establish the cost for installation of an Argon gas suppression system.	Contractor has visited site and we await costed proposal	Hinitt, Ian	24/08/2015	24/08/2015
															Install Fire Suppression systems to IT Server Rooms YAS HQ	Install fire suppression in ICT Server Rooms	May 18: Installed, documentation awaited to sign off April 18: RAG - works well underway Nov 17: Compartmentation works SH1 complete, SH2 commenced, suppression system to follow.	Farrell, Paul	31/05/2018	
															Fire Escapes from Server Rooms	As part of the fire suppression and risk assessment of server rooms, consider fire escapes	Aug 16: Some server rooms are double doored however needs investigating 5.9.16 Fire Safety Officer has reviewed: fire exits are adequate for the travel distances concerned. The audibility of the fire alarm within the IT server rooms was checked by IT staff working in the area and DP, Estates Officer on 5.9.16 as part of a Fire Evacuation Exercise. ICT Team have been briefed on ensuring areas remain clutter and obstruction free and not used as storage areas. - Controlled access in place and server rooms monitored to maintain tidyness	Brown, Glyn	31/10/2016	05/09/2016
Springhill Fire compartmentation	Ensure Fire compartmentation at springhill sites	May 18: final snagging to complete. April 18: RAG - works well underway	Brown, Glyn	31/05/2018																
1090	P88 - Updating @yas.nhs.uk accounts emails with @nhs.net	ICT - Information Technology	Zahran, Ola	Operational Risk	Equipment Related	22/03/2018	30/10/2018	IF known internal systems electronic or paper-based are not updated with NHS.net emails addressees THEN Internal/External communications will fail once MS exchange is withdrawn 6 month post migration RESULTING IN lack of	Mailbox forwarders are in place to send emails to new nhs.net emails from old for a period of 6 Months. Internal planning has commenced to start departmental engagement to discuss expectations and plan for updating old	Departmental engagement to discuss exapaectations	12	12	Moderate Risk	6	On Prem Email Accounts	Investigate as per plan in-house systems that hold @yas.nhs.uk email accounts	May 18: System administrators are engaged with suppliers of key systems to arrange for bulk upload of nhs.net email addresses.	Lane, Martin	30/10/2018	
															On prem email accounts	Investigate as per plan in-house systems that hold @yas.nhs.uk email accounts	May 18: System ministrators are engaged with suppliers of key systems to arrange for bulk upload of nhs.net email addresses.	Bunton, Ken	30/10/2018	
1094	P88-User Acceptance Policy compliance	ICT - Information Technology	Fletcher, Dean	Operational Risk	Business continuity	26/03/2018	30/07/2018	IF email users do not complete NHS Mail User Acceptance and security questions before 17th April THEN email users will not be able to send out emails from the 17th April RESULTING IN increased service desk calls and key stakeholders not receiving key pieces of information to make business decisions.	Project Manager will monitor the UAP take up and present at the ICT Programme Committee and communicate to individuals. Regular communications are being sent out by corporate communications team on project progress There are also regular targeted emails being sent to individuals and their supervisors that have not accepted the AUP	Additional marketing from corporate comms for UAP completion using media, yas.tv, screensavers and posters	12	12	Moderate Risk	6	Regular progress updates/Staff Alerts	To provide general NHS Mail communications to the business on project progress and adhoc instructions steered by the project manager	May 18: 30% users remaining to take up User Acceptance policy and sign in to use their nhs.net email. ICT working with line managers of individuals (Operations) to support them to register for email. 11.04.2018 - 2029 users out of 5013 have accepted their AUP (40%) Chief Executive has communicated the importance of the project within team brief. Weekly NHS Mail updates are sent out to the business on a weekly basis. Screensavers have been setup to prompt individuals to complete their AUP and security questions. There is also YAS.tv presence of NHS Mail	Gibson, Elaine	30/07/2018	

857	ICT Capacity	ICT - Information Technology	Bradley, Mark	Operational Risk	Capacity	17/10/2016	26/06/2018	IF capacity within ICT is not complete THEN there may be a failure to match business priorities RESULTING IN impacts on delivery of core business and failure to progress projects.	Martin Lane now in post to support Voice Comms Manager and Infrastructure Manager Head of ICT is supporting the Systems Manager role until vacancy is fulfilled On-call arrangements and support established Senior project manager position candidate started with ICT Ola Zahran now in substantial role of Head of ICT Procurement Assignment Cyber security specialist is being absorbed by the Infrastructure Team Recruitment of ICT Engineer complete Recruitment for 2xDevelopment specialists complete	Recruitment of Systems and Online Manager - advertise in New Year 2018 Recruitment of Cyber Security Specialist - in progress	15	12	Moderate Risk	6	Review Voice Comms Manager JD	To review job description prior to publish	Job gone to advert Oct 16: AD ICT has reviewed job description and with HR for approval process MF is covering role until appointed	Zahran, Ola	19/12/2016	03/01/2017
															Recruitment of Voice Comms and Infrastructure Manager	To have recruited a full time permanent voice comms\Infrastructure Manager	20.3.18 - Resource appointed 1.3.2018 action updates archived	Zahran, Ola	26/02/2018	20/03/2018
															explore on-call support availability	AD ICT to liaise with Resilience and special operation to seek support for their Project Manager to support with ICT Escalation	Head of Resilience has advised that resource cannot be made available	Zahran, Ola	25/10/2016	10/10/2016
															Senior Project Manager	Recruit to Senior project manager role	5.6.2017: Senior project manager commenced employment with ICT 8.5.2017: Start date estimated mid June 25.4.2017: Candidate appointed awaiting start date expected end of June 16.3.2017: Interviews in progress Jan 17 (RAG): Reviewing workload, not submitted through Vacancy Control Panel yet	Zahran, Ola	30/06/2017	05/06/2017
															Recruitment to Head of ICT	To implement Head of ICT to ensure full establishment	Ola Zahran verbally offered the role of Head of ICT Job advertised internally closing date 9.6.2017	Bradley, Mark	01/08/2017	30/06/2017
															Recruitment to Systems and Online Manager	To review the ICT structure and formalise cost control and JD for System and Online Manager prior to advert.	10.4.18 - The job needs to be re-submitted as all candidates withdrew their applications. The job will need to be re-advertised via NHS Jobs. 20.3.18 - Job advert closed on 14.3.18 and management are now in the process of shortlisting the potential candidates. Interview dates will then be set. 29.12.17 to advertise in the new year 7.12.17 - JD been approved but will now go to advert in the new year 20.11.17 - Due to go out to advert w/c 20.11.17 24.10.17 - No Update 28.9.17 - working on JD and planned to go to panel for approval in October 11.9.17 No Update 17.7.17 No Update	Zahran, Ola	26/06/2018	
															Recruit to ICT Engineer	receive vacancy control approval and recruit to vacancy following LB move to infrastructure.	24.10.2017 ICT Engineer commenced employment 23.10.2017 updates archived	Bunton, Ken	24/10/2017	24/10/2017
															Procurement Assignment	To ensure funding is in place for the existing role of ICT Procurement officer and active permanent assignment	Permanent contractual arrangements have been put in place by ICT and Finance	Zahran, Ola	29/08/2017	01/08/2017
															Recruitment of Cyber Security Specialist	To provide a specialist role for cyber security provisions within ICT	8.5.2018 - Recruitment of Cyber Security specialist has been agreed in principal awaiting cost control and budget code. 27.4.2018 - The paper has been presented at TEG and rejected. The risk score has been escalated to 15 by request of OZ Progress been made on TEG paper with a view to table the document on 18th may	Zahran, Ola	29/05/2018	
Recruitment of Systems Development Specialist	Recruitment of Systems Development Specialist	20.3.2018 - Dependant on phase 2 approval which will not be known until June 2018 29.12.17 Interviews have taken place Publication has now been closed and systems team are now in the process of shortlisting.	Zahran, Ola	26/06/2018																
1064	Limited 3rd Party Compliance Information	Estates & Facilities	Brown, Glyn	Strategic Risk	Regulatory compliance	08/01/2018	29/06/2018	IF Landlords an Hospital Estates that manage YAS leased properties do not supply assurance of safety testing inspections relating to Water safety, Asbestos, Electrical fixed wire testing and Fire Safety then YAS will not be able to assure that staff are working in a safe environment RESULTING IN potential for illness or injury	Estates Field Officers regularly inspect the standby points. The PRC/AL are regularly inspected by the relevant Hospital Trusts.	Limited specific documentation in relation to the various tests and inspections is available in YAS Estates 29 landlords with 40 sites requiring annual assurance	12	12	Moderate Risk	6	Compliance Information Request	Request compliance information from landlords	Apr 18: improved response to almost 50%, efforts continue to gain assurance from other landlords/Trusts.Considering next steps including reporting to HSE where information is not forthcoming. Feb 18: letters sent out in January 2018 included a proforma to complete to indicate compliance and a deadline for return. YAS have so far received 7 responses to this new approach giving assurance of compliance to mandatory safety checks. This is the most positive response to date. Jan 18: letters were sent in November 2016, March 2017, and May 2017 requesting information but only limited information has been received. Reviewed at Estates Risk and Compliance Group - Annual compliance check letter with proforma will be emailed to all landlords each year.	Brown, Glyn	29/06/2018	

1088	AVP Leeds Faulty ventilation system	Estates & Facilities	Parkinson, Darren	Operational Risk	Health and safety	15/03/2018	04/06/2018	If the installed ventilation system for vehicle exhaust fumes at Leeds (Central) AS is not working correctly then employees will be exposed to unhealthy working conditions resulting in possible future cases of industrial asthma and lung diseases.	Temporary remedial work undertaken	Remedial work insufficient to manage current dust levels which are even higher than normal at the moment due to concrete repair works on site and poorly fitted windows. No annual LEV testing to provide reports showing compliance with HSG258 and COSHH regulation 9 (2)	12	12	Moderate Risk	4	LEV testing at Leeds Central	Commission LEV testing to ascertain extent of ventilation problems at Leeds Central and remedial works required.	Update 9/5/18: Quotation received from DCE Ltd for repairs and upgrading of existing main garage area ventilation system (their ref : PR-3256-18-PG). Value of quotation = £42,929 Nett , Delivered ,Installed and Commissioned. 24.4.18 Estates update: there were no issues identified at the two initial sites where we tested, Leeds and Batemoor. DCE concluded in their report that the LEV system within the workshop at Leeds was satisfactory, coping with the design parameters. Estates propose to have the existing system repaired, as advised previously but in the knowledge that the air quality is already reported as acceptable. Requisition submitted to DCE Ltd to carry out testing and provide report of necessary remedial works. Update 23.4.18: LEV testing has been carried out. The reel extraction system which is used in the workshop area is working effectively. The ducting and fans in the general garage area are not currently achieving the HSE SR14 COSHH recommended 10 air changes per hour. A quotation is being obtained to identify the scope of works and costs to rectify this situation. Update 23.3.18: DCE attended site on 22.3.18 to carry out testing. Report expected within 10 working days.	Mitchell, Deborah	04/06/2018					
1089	AVP Huddersfield Garage area ventilation system	Estates & Facilities	Hemsley, Stephen	Operational Risk	Health and safety	16/03/2018	30/06/2018	If the installed ventilation system for vehicle exhaust fumes at Huddersfield AS is not working correctly then employees will be exposed to unhealthy working conditions resulting in possible future cases of industrial asthma and lung diseases.	Reel exhaust extraction systems in workshops area are serviced annually.	No annual LEV testing to provide reports showing compliance with HSG258 and COSHH regulation 9 (2) in relation to the main garage area.	12	12	Moderate Risk	4	Arrange for atmospheric testing in Huddersfield station's garage	The current roof extraction fans in Huddersfield station's garage do not work and the roof lights are coated in black dust. This action is to commission testing of the extraction system and to obtain a report regarding remedial works required to remedy the situation.	Update 9/5/18: Engineer attended site 25.4.18 - awaiting report. Apr 18: Quote for this work being obtained. Update 23.3.18: PO no. issued to DCE. Awaiting confirmation of date for testing to take place. Update 25.4.18: Testing taken place today - awaiting report to determine further action.	Mitchell, Deborah	30/06/2018					
860	Align Ancillary Cleaning Services with operational change	Support Services	Hill, David	Operational Risk	Infection, Prevention & Control	31/10/2016	29/06/2018	If recommendations from the review of Ancillary Cleaning Services are not delivered THEN the Ancillary Service will not be positioned to respond effectively to organisational change (ie. Hub & Spoke) RESULTING IN potential for failure to meet service levels	Current line management structure Review of Ancillary Cleaning Services (July 2016) Currently achieving SLAs but not geared up to respond to change Temp to perm arrangements progressing	Plan to deliver recommendations of Ancillary Cleaning Services review Cleaning services lack of alignment with Hub and Spoke programme	12	12	Moderate Risk	3	Plan to align services with demand Align hours worked VPS hybrid - staff extended contract Framework agreement	Take the Review of Ancillary Cleaning Services and develop a plan to align Ancillary Services to proposed organisational change Address actual hours worked so that vehicle availability is maximised and hours come into line with the pilots. extend contract for VPS staff Ambulance Vehicle Preparation Framework Agreement	Jan 17: Review of Directorate structure underway to determine where premise cleaning sits in structure. Decision required on VPS/Make Ready to determine approach to implementation of recommendations of Ancillary Cleaning Services review. Feb 17: some cleaning services review recommendations have been implemented. Meetings with Facilities Management consultants to develop self-facilities management system. Engagement with Hub & Spoke ongoing to understand requirements March 17: Ancillary services need to understand the direction of travel from H&S Programme Board. May 17: Implementation of the Review actions are progressing. The 2017-18 staffing budget has been increased from 87.41 to 108.87. Temp2Perm is nearly completed and full recruitment is also ongoing. This will give us the staffing cover for holidays/absence and the deep cleaning of 'identified clinical interaction areas on station'. Regional Team Leader/Trainer (Ops Manager)recruitment at interview stage. Next steps with the introduction of the RTL/T will be to address the actual hours worked so that vehicle availability is maximised and hours come into line with the pilots. The recent frontline rota changes have also negatively impacted vehicle availability within current working times, with the reduction of staffing late evenings/early mornings now redirected to daytime/early evening duties. Apr 18: RAG decision expected at Hub and Spoke programme board 24th May 18 Feb 18 (RAG): meeting with Hub and Spoke lead next week to establish requirement and whether ancillary provision will be outsourced or internal. Unable to progress re-alignment/re-structure due to capacity issues. Regional Team Leader coming into post mid August which will enable progression with the change. David Hill: August 2017 - The VPS project at Wakefield is currently on-going, however potential changes to this as an AVP provision are being planned along with internal staff discussions. No formal notifications at this point. 27/09/17: Recruitment interviews are currently taking place to backfill all existing vacancies to the original wte budget figure. Ongoing discussions with staff to develop the operation into an AVP site. Further information will need to be populated by the Transformational Team who are managing the operation. RAG: Action Closed and passed to Transformation April 17: Working with Procurement on a Framework agreement. May 16th: The Technical evaluation of the framework agreement has been completed. The Trust team are finalising the commercial scores and the formal Evaluation Report. Following this, the final result will identify which provider will be awarded the Framework agreement. August 2017: The AVP Framework has now been completed and is in place. The assigned provider of AVP provision within this framework is JPR Solutions and the Trust have now issued a further contract to JPR Solutions for AVP services at Manor Mill. The framework has been completed and YAS is currently using the framework for its Manor Mill AVP outsource provision.	Hill, David	01/05/2017	13/05/2017				

350	Laundry budget	Support Services	Hill, David	Operational Risk	Financial	26/02/2014	29/06/2018	IF the laundry budgets are not agreed with acute trusts THEN YAS may receive invoices from other trusts RESULTING IN exceeding the laundry budget for the year and lack of clarity on responsibility for laundry budgets	1. Current budget in place covers contractor Goodman Sparks. 2. Finance have now increased the budget allocation for 2016/17 to match 2015/16 expenditure 3. meetings with acute trusts to identify ways to manage swap outs	1. No processes in place to manage or audit the numbers of blankets, sheets, pillowcases, etc which are being 'swapped out' or taken from Acute Trusts. Acute Trusts are requesting payments for the swap-out service 2. Laundry 100k in excess of current budget 2017/18	12	12	Moderate Risk	3	Hull & East Yorkshire NHS Trust	Arrangements with H&EY Trust	22/05/17: Met with Hull & East Trust regarding future costs and invoicing. They have accepted our SLA in principle and I am currently awaiting a decision/sign-off. 27/09/17: Discussed with HEY last week and advise they will be in touch shortly to sign.	Hill, David	30/06/2014	30/04/2014
															Budget Gap	Budget has not been assigned to cover this cost.	22/05/17: Additional budget has been allocated for 2017/2018 based on 2016/2017 figures. This will need to be reviewed as further Trusts approach us for SLA inclusion and payment. 26/10/17: SLA's in place with Leeds TH, Airedale FT & Bradford TH. Discussions on going with Hull & South Tees. Need contact with York/Scarborough. Mid-Yorks and Sheffield TH have also asked for meetings to discuss SLA's. All current costs for charging AT's are encompassed within budget, however the additional AT's requesting payments/meetings for SLA's would exceed current budget of £260K by £100k. Latest worst case scenario if all AT's were charging is £425K.	Hill, David	31/03/2015	30/09/2015
															LHTH proposal for managing laundry budget	To develop proposal for managing laundry budget for LHTH	Invoices in dispute have been resolved. They were part of the overall SLA resolution with LHTH Aug 16 Deputy Head of Procurement currently working a proposal to LHTH. LHTH have been advised the existing invoices are in dispute, but we are in the process of a SLA which will be discussed with them asap	Stower, Mark	26/09/2016	14/11/2017
															Write SLA based on average linen costs	Write SLA based on average linen costs / types	SLA document has been produced with Procurement. This is based on the actual CAD arrival figure for the previous completed year plus the CCG forecast uplift for patient numbers and the Acute Trusts ERIC return figure for each piece of linen. Procurement writing a standard Service Level Agreement based on average current costs, linen types (sheets & blankets) and at YAS 'At Hospital' arrival data	Stower, Mark	30/09/2016	13/11/2017
															Bradford Hospital Laundry SLA	Agree 16/17 laundry budget SLA with BDH	27/09/2017: The SLA with Bradford Teaching Hospital has been agreed.	Hill, David	17/10/2016	30/09/2016
															Swap out service	Agree arrangements with hospital trusts on Swap Out Service	April 18 (RAG): 360k spend against 260k budget; 100k overspend. Not currently charging but expect so in 18/19; STHT, Doncaster & Bassetlaw, Rotherham, Calderdale & Hudds, Harrogate. Raised as cost pressure against Ancillary budget. Feb 18 (RAG): current position is 57k overspend with possible additional 22k from Barnsley which is invoiced but not paid as they have not signed the SLA Dec 17: YTD budget already at 234k with 4 months remaining against budget of 195k. Barnsley preparing to invoice. Working with other trusts on SLAs. We are continuing to meet with Acute Trusts who are requesting payment for ED linen/laundry exchange to discuss SLA's based on factual information and data to reach payment agreement. YTD budget already at 234k with 4 months remaining against budget of 195k. Barnsley preparing to invoice. Working with other trusts on SLAs. We are continuing to meet with Acute Trusts who are requesting payment for ED linen/laundry exchange to discuss SLA's based on factual information and data to reach payment agreement.	Hill, David	29/06/2018	
252	Vehicle deep cleaning	Fleet	Hill, David	Operational Risk	Infection, Prevention & Control	13/09/2013	29/06/2018	IF vehicle deep cleaning procedures are not completed within specified timeframes THEN this is a failure to comply with external regulatory standards RESULTING IN potential for harm to patients, staff and others and regulatory non-compliance	1. The deep clean schedule is continuing each week and all deep cleaners have full visibility of this information. 2. Weekly deep clean reports including the overall service level are distributed to Ops managers in each area displaying current status and lists of vehicles in greatest exception. 3. Monthly audit and reporting of activity. 4. Additional staff recruitment and revised planning format introduced 5. Schedules reviewed and streamlined where possible. 6. VOR when hit timescale 7. monitoring in place and ongoing	Rota alignment and availability of vehicles for deep clean	12	12	Moderate Risk	3	Deep clean - compliance, recruitment and stock check	Recruit staffing to maintain service levels to include deep clean, consumables check, green bags	27/09/2017: The completion of timely Deep Cleans has been impacted by a number of reasons since April 2017. The new A&R rotas impacted availability of vehicles due to the increase use of vehicles within the current working times of the Deep Cleaners, except at weekends. We have also had delays in the recruitment of staff via T2P process and general recruitment. For the previous 8 weeks we have also incurred higher than usual levels of sickness, especially LTS and a number of resignations (personal issues). We have a further 3 weekend Deep Cleaners starting in post this week and another in 14 days, with others still in the progression process. Interviews for vacant posts at Halifax and Bradford are scheduled within the next week. In view of the above I have increased the current risk level to 9. 29/09/2017: Following further discussion within the R&A Group, it has been agreed to re-calculate the current risk to level 12. will re-assess position in October by which time we will have some additional staffing in place and the current exceptionally high absence rate may have reduced. On going throughout this period will be work to complete the re-structure paper which is to also re-align the working times of Deep Clean staff with the times of reduced operational vehicle scheduling, therefore utilising the times of greatest availability.	Hill, David	27/09/2016	29/07/2016
															continue to monitor deep clean compliance	Continue to monitor deep clean compliance	Feb 18 (RAG): w/c 12.1.18 KPI 99.79% with 9 outside schedule. 16/01/18: Deep Clean KPI's returned to 99.5% prior to Christmas, however due to the Christmas & New Year holiday breaks along with exceptionally high and well over forecast A&E operational demand, ten Deep Clean KPI has slipped to 97.9%. Overtime is openly available, but vehicle availability remains an issue with additional crews taking the available vehicles. We are now close to 100% Deep Clean staffing levels but do have higher than Trust average sickness levels which are being managed within Trust procedures. 2016 and 2017 monitoring updates archived.	Hill, David	29/06/2018	
															Weekly exception notification letters - deep clean	Weekly exception notification letters for deep clean	Aug 17: The weekly exception notification letters have now resumed and following discussion with the DIPC, Ancillary Services are populating the template letters to improve timeliness and real time accuracy of delivery. 27/09/2017: This is an on-going weekly action which includes the emailing of the populated letters to identified recipients in each operational business unit. We are aware these are cascaded to operational line managers in West, North and East Yorkshire. 25/10/17: Transfer of the whole letter management process has been transferred to Ancillary Services Administration. These will be forwarded to all areas each Monday. Feb 18: recruitment to vacancies has been addressed. Still issues with sickness absence which are being managed in accordance with policy. Oct 17: should have 41 WTE. Have LTS x 3, a number of STS, 4 vacancies, 1 on light duties. Recruitment process is lengthy David Hill: 16/01/18 - LTS in December remains an issue at 7% but is being managed within Trust procedures, short term sickness was less than 1%. Recruitment is much improved and the system is working considerably better than previously. We currently have 15 Vacancies with 3 in sign-off, 7 in Progression, 1 at Interview, 1 at shortlisting and 3 at Advert.	Hill, David	31/10/2017	25/10/2017
															Manage recruitment and absence	Manage recruitment and absence		Hill, David	29/06/2018	

1031	Delay in Deep Clean Tablet System	Support Services	Hill, David	Operational Risk	Equipment Related	29/09/2017	29/06/2018	IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental Business Continuity plan RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance	Implemented BC system once; a return to the paper based reporting system along with daily email or text messaging of completed Deep Cleans. All this data is recorded and we are fully aware of the schedules and completed Deep Cleans. Extended use of the departmental BC plan which necessitates additional work for the team.	Current manual system requires collection of all paper records from all regions of Yorkshire and the physical recording and storage of these for audit purposes. There is a potential for paper records to go missing in this system. Because the data is not being input into the Cleric Fleetman system, this is identifying all operational vehicles are outside Deep Clean compliance. Deep Clean records not entered in Cleric Fleetman - will be maintained on paper/spreadsheet. All operational vehicles (960) will	10	12	Moderate Risk	2	Spreadsheet tracking and maintain paper system	Spreadsheet set up in 1 drive for tracking schedules and maintain paper 'BC' tracking	Spreadsheet has been set up for tracking of schedules. Reverted back to paper process which is BC plan. Retention schedule to be understood	Hill, David	29/09/2017	29/09/2017
														Breach letters	Template and populate breach letters for DIPC	Sept 17: Team collate and input all the data into DIPC breach letters and forward these on behalf of DIPC to the designated staff each week. We also forward a weekly update to DIPC. This process is ongoing	Hill, David	29/09/2017	29/09/2017	
														Timescales for development of ancillary 'tablet'	Confirm timescales for development of Ancillary cleaning tablet with relevant service leads	Apr 18 (RAG): Test tablet with Ancillary team for testing Feb 18 (RAG): to raise at next ICT Programme Board to update on progress with development Jan 18: 6 months using manual process for data capture and monitoring of deep clean schedule. Increased risk of continuing to use BC process and more challenged presented in analysis and reporting. To request formal discussion and update at ICT Programme Board. Oct 17: RAG, ICT Programme Committee are meeting 1st Nov.	Zahran, Ola	29/06/2018		
Clinical Directorate																				
1079	Health Records processing delays	Medical - Operations	Crossley, Jacqui	Operational Risk	Capacity	08/02/2018	29/06/2018	IF capacity to manage records processing is inadequate THEN there will be a delay in getting access to patient records and a requirement to store PCR's RESULTING IN lack of availability of records for audit, data reporting, investigations, legal, and other reporting requirements	Use of light duties staff Cost control agreed for staff to undertake processing	Time to recruit staff Availability of light duties staff due to winter pressures and other operational requirements for same individuals	12	12	Moderate Risk	3	Capacity to manage records processing	Recruit staff to undertake records processing	May 18: Vacancy panel declined request for agency staff to process the 10 week backlog of paper PCR's. Recruitment is ongoing for substantive records staff. Departments are asked to prioritise requests for PCR's. Apr 18: recruitment ongoing 7.2.18 Cost control approved to recruit staff to undertake processing - recruitment to commence	Crossley, Jacqui	31/07/2018	
919	BLS training and competency	Medical - Operations	Dykes, Steven	Operational Risk	Clinical	10/02/2017	01/09/2018	IF there is a failure to deliver training and assess that all front line clinicians are adequately trained and competent to deliver basic life support and delivery of safe and effective defibrillation on a regular basis THEN inadequate resuscitation may be provided during cardiac arrest RESULTING in patient harm or death.	Clinical audit of cardiac arrest Incident reporting, serious incident investigation Four incidents reported	Lack of assurance of quality of training and subsequent competency assessment CS SIM sessions have commenced but will take 12 months to complete first cycle, risk likelihood to be reduced when this is completed (August 2018)	15	15	High Risk	5	Review of provision of BLS training	Review of how Basic Life Support and Defibrillation theory and practical training is delivered	Aug 17: A&E Ops stat/mand training has been reviewed and new package launched in July 2017. KLR BLS is in the Stat Mand day and we (myself and Simon Standen) are currently working with the Education Dept to refresh the way that BLS is delivered and assessed on this day. The stat and mand day runs on a 3 year cycle. Proposal for development of e-learning theory materials and other electronically available educational resources to support the practical hands-on delivery of BLS training. April 2017: review of A&E Operations face-to-face training TNA is underway. Once agreed, development of training materials will be undertaken.	Rowbottom, David	17/07/2017	31/07/2017
														CS sim update to include BLS	CS sim (Simulation Training) updates delivered to include BLS training, awareness and requirement for assessing staff	Apr 18: CS SIM updates continuing Jan 18: AD Paramedic Practice paper to TEG with proposal for Ops abstraction for face-to-face annual resuscitation training Oct 17: CS are operational for 3 months, still undertaking supervisory shifts with NQP candidates. April 2017: CS updates from Q1 to ensure BLS is included. CS to be assessing staff on BLS. Monitor provision at CQDF	LoweryRichardson, Kirsty	01/09/2018		
														Monitor incidents	Quality and Safety Team to monitor incidents and escalate to IRG	April 18: incidents that include BLS as contributory factor are monitored and reviewed at Incident Review Group. Oct 17: 4 x VF arrest SI's with lessons learned. Ongoing monitoring of incidents and delivery of SI action plans. April 2017: Incidents investigated, SIs reported. Learning through IRG and SE&LL report.	Medlock, Tina	01/09/2018		
931	Cardiac centre capacity to accept pPCI and protocol for divert	A&E Operations	Mark, Julian	Operational Risk	Clinical	13/04/2017	31/07/2018	IF there are no arrangements in place for where to take patients requiring pPCI when one cardiac centre reaches capacity THEN crews are required to telephone alternative centres RESULTING IN potential for delays in the patient receiving treatment and adverse outcome	Oversight of NASMeD and escalation to NHSE Incident reporting Internal and External breaches reported through Quality Governance reports - investigated Incidents to be discussed at Contract Boards Yorkshire pPCI protocol (Feb 2018)	Agreed protocol between cardiac centres for acceptance and divert of patients. No arrangement in place between cardiac centres to accept patients	15	15	High Risk	5	Escalate to National Clinical Director Cardiac Care	YAS Executive Medical Director to correspond with National Clinical Director for Cardiac Care to highlight concerns	Sept 17: Exec Medical Director has raised issue at national level. July 17: Exec Medical Director has meeting with NHSI at end of September 2017 and will raise the issue again April 2017: concerns escalated	Mark, Julian	08/01/2018	30/09/2017
														Monitor incident reports and report breaches	Monitor incident reports for diverted pPCI and escalate to IRG where any delay in patient receiving treatment with adverse outcome Report breaches in internal and external quality governance reports	May 18: Head of Clinical Effectiveness to report on refusals due to capacity in addition to incidents of adverse outcome. Apr 18: monitoring continues with review at IRG where indicated Feb 18: continued monitoring of any incidents related to refusal of pPCI centres. Dec 17: discussed at NASMeD - considered external reporting of breaches. Agreed discussion at contract boards, report breaches through internal and external quality governance reports. Oct 17: monitoring of incidents ongoing. Clinical Manager KD will investigate any incidents or near-misses July 17: No incidents reported in Q1	Medlock, Tina	31/07/2018		
														pPCI joint meeting arranged by NHSE	Joint meeting with Cardiac Centres to be arranged	May 18: NHSE have left this to local level arrangements Feb 18 (RAG): West Yorkshire Quality Group are considering local protocols for accepting pPCI when there is not immediate capacity in the centre but will become available within a set period of time. Oct 17: (RAG) NHS England agreed to write to all cardiac centres to facilitate a joint meeting	Dykes, Steven	30/04/2018	09/05/2018	

Operations Directorate

805	EOC Call Handling Performance	EOC (Emergency Operations Centres)	Shaw, Martin	Operational Risk	Patient harm	17/06/2016	30/06/2018	IF EOC call handling does not achieve call performance targets THEN patients are delayed in receiving the help they need and may abandon the call and redial RESULTING IN potential for adverse patient outcome and repeated calls into EOC	1. National AQIs for call answering performance (95% calls answered in 5 seconds) - May 18 update - no longer national AQI but YAS still working to this KPI presently. 2. YAS are second best in the country for call answer. 3. Monitoring of call abandonment rate and process for call back of abandoned calls/matching duplicate calls 4. Front-end automated voice recordings for times of excessive demand and escalation 5. Review of all telephone lines coming into EOC - old lines closed 6. Amendment to clock start time on IFT lines (remove IVR from clock start) 7. Team Leaders listen into calls in real time to risk assess and make a decision on whether the call taker should clear the line to take another incoming call 8. Recruitment of cohorts of EMDs to address vacancies where required 9. ARP 2.2 implemented, Amber calls split and monitoring of tail of performance 10. Weekly Quality and Safety monitoring report 11. EMD training planned 12 months in advance with recruitment days to manage attrition	1. vacancies in EOC - recruitment ongoing 2. Increasing demand 3. attrition / retention strategy 4. on-day management of abstractions 5. downtime caused by additional bolt-on processes 6. understanding the impact of clinical support processes	16	16	High Risk	4	<p>Implement recommendations of paper</p> <p>Paper to TMG outlined recommendations to mitigate risk - develop action plan to implement.</p> <p>17.6.16 Immediate actions undertaken are detailed in controls - timer IFT lines - audit of incoming lines Auditors monitoring EMDs who stay on the line on Amber calls Operational Alert re staying on the line</p> <p>McGuire, James</p> <p>08/08/2016</p> <p>08/08/2016</p> <p>Recruitment and training of EMDs</p> <p>Recruitment and training of EMDs</p> <p>March 18: on track filling vacancies Oct 17: recruitment planned 12 months in advance. Further work to ensure candidates are suitable and committed. Previous updates archived</p> <p>Colam Ainsworth, Will</p> <p>30/06/2018</p> <p>Prompt identification of cardiac arrest</p> <p>Clinical Governance Group to consider proposal for AVR prioritisation of potential cardiac arrest</p> <p>sept 16: AVR prioritisation of potential cardiac arrest is not being taken forward.</p> <p>McGuire, James</p> <p>17/10/2016</p> <p>29/09/2016</p> <p>Urgent disconnect paper</p> <p>Agreement to urgent disconnect with specific AMPDS codes</p> <p>22.7.16 Paper to Exec Dir Operations and Exec Medical Director defining specific AMPDS codes where EMDs currently stay on the line but could disconnect. Process agreed</p> <p>McGuire, James</p> <p>22/07/2016</p> <p>22/07/2016</p> <p>Review forecasting of demand vs staffing</p> <p>Look at forecasting as even though staffing levels meet the requirement identified, the calls are still stacking excessively</p> <p>March 18: dedicated scheduling Business Partner in post for focus, weekly sign off by Management Team of staffing requirements in place. 2017 updates archived</p> <p>Leighton, Tracy</p> <p>31/03/2018</p> <p>06/03/2018</p> <p>Review EMD attrition</p> <p>Overall review of EOC EMD attrition rates and develop retention strategy</p> <p>March 18 - options being considered to manage attrition Oct 17 - leavers using EMD role as starting point to A&E Ops. To understand intentions at initial recruitment and consider getting commitment for minimum period in EOC</p> <p>Leighton, Tracy</p> <p>30/06/2018</p> <p>Review on-day abstraction and meal breaks</p> <p>Undertake a review in EOC of real-time processes for managing on-day abstractions for 1:1's, PDR, training, audit feedback and meal breaks</p> <p>March 18 - monitoring of on-day abstractions is ongoing in context of demand June 17 - ongoing, EOC and 999 Scheduling Manager has now started in post and supported will be sought from the specialists in this area to develop processes. March 17 - Meetings with staff side convenors are booked in so we can review meal break process. Martin agreed that whatever is applied to EMDs will also be applied to clinical hub. Discussions with Stef still ongoing due to dispatch being a different role. Stef may have to pick this up with Unison as a separate thing as they believe meal breaks for all EOC staff should be treated the same regardless of role. Discretionary break will stay but to be clear that it is discretionary. Feb 17: Current process for entering abstractions in GRS to continue. EMD Call Handling Mgr to speak with unions about more robust process for managing EMD meal breaks and planning them in against requirements. Still need to keep some flexibility around when the teams take their breaks.</p> <p>Leighton, Tracy</p> <p>30/06/2018</p> <p>Review EMD bolt-on processes</p> <p>EMDs have a number of locally agreed processes, not part of automated Pro-QA to remember and implement (eg. recontacts, upgrading of specific calls)</p> <p>March 18 - review of all active bolt on processes is ongoing to formalist into SOPs where indicated.</p> <p>Colam Ainsworth, Will</p> <p>30/06/2018</p> <p>Review impact of clinical support roles</p> <p>To review the impact of clinical support roles on call handling performance</p> <p>Nov 17 - review complete. No floor walkers in place currently.</p> <p>Shaw, Martin</p> <p>30/11/2017</p> <p>21/11/2017</p> <p>EOC Rota Review</p> <p>Undertake a review of EOC rotas</p> <p>March 18 - this action links to EOC restructure and timescales align. 2017 updates archived</p> <p>Archibald, Pauline</p> <p>30/06/2018</p> <p>EOC EMD Flexible Working Review</p> <p>Review current flexible working arrangements for EOC EMDs to improve EMD cover in areas where we struggle with call answer.</p> <p>Oct 17 - all flexible rota's were reviewed, increasing weekend working was a result. Complete</p> <p>Leighton, Tracy</p> <p>31/08/2017</p> <p>31/08/2017</p> <p>Review Inbound Calls Average Handling Time</p> <p>Review average handling time of inbound calls</p> <p>March 18 - All trusts differ. Only 1 trust have AHT as a KPI. AHT graph to be added to EMD performance reports to monitor outliers. Re-write of UD using AMPDS as designed and implementation of 'change in patient's condition' to be rolled out in June 2018 March 18 - To establish what other AMPDS Trusts are doing. Nov 17 - this review and monitoring is continuous Oct 17 - decisions made around urgent disconnect for specific codes.</p> <p>Leighton, Tracy</p> <p>30/06/2018</p> <p>AMPDS Quality audit</p> <p>Review AMPDS quality audit</p> <p>March 18 - benchmarking and levelling of auditors. Full review will take 12 months Nov 17: planning for review of AMPDS quality audit</p> <p>Colam Ainsworth, Will</p> <p>12/03/2019</p> <p>EOC restructure</p> <p>Undertake EOC restructure</p> <p>March 18: to be agreed by June 2018 Nov 17: planning commenced</p> <p>Archibald, Pauline</p> <p>30/06/2018</p>
487	Delivery of Clinical Leadership Framework	A&E Operations	Millins, Mark	Operational Risk	Clinical	28/10/2014	29/06/2018	IF Clinical Supervisors are not supernumerary THEN they will be unable to fully deliver the Clinical Leadership Framework, support NQPs and complete PDPs RESULTING IN a workforce that is not supported to practice and develop	1) Staff have their own portfolios to keep up to date. 2) CS's have the flexibility to decide which staff need more support than others 3) Staff can request support from the CS's or training school if they feel they require assistance. 4) CS Clinical Leadership pilot Sept 16 5) CS rota's in place by summer 6) Was planned for CS's to join operational rota shifts through 3 month winter period	CS are taken off DCA supervision shifts to backfill operational rota CS's part of operational rota and not supernumerary through winter pressures period - this was planned in. Support for Newly Qualified Paramedics Delivery of PDPs for paramedics progressing to B6	9	12	Moderate Risk	3	<p>Review existing CS rotas to support implementation of CLF</p> <p>1) Review existing rotas is ongoing/ Part of workforce/ORM</p> <p>10.05.16 New contract has been agreed that will eventually allow the CS teams to be supernumerary April 17: CS rota's to be implemented by summer Sept 17: CS's are supernumerary allowing delivery of CLF but will be pulled back into operational rota for winter pressures period.</p> <p>Millins, Mark</p> <p>30/08/2017</p> <p>30/09/2017</p> <p>Recruit to vacancies</p> <p>2) Recruitment to vacancies</p> <p>15.12.15 still vacancies, Two cost controls to backfill have been rejected 11.01.16 CKW still have 2 x CS vacancies due to Air Ambulance secondments which have not been approved. A vacancy to cover Acting LM has been approved. 18.04.16 2 x CS secondments for CKW still not approved through cost control. 30.05.16 CS vacancies now approved to recruit to. Recruitment process in place 20.07.16 recruitment ongoing</p> <p>McSorley, John</p> <p>17/10/2016</p> <p>09/09/2016</p> <p>Clinical Leadership pilot</p> <p>Conduct Clinical Leadership pilot and evaluate</p> <p>Aug 17 CS rota now in place, CLF being delivered through supernumerary CS March 17 Clinical Leadership pilot ongoing in South and Leeds Sept 16 Clinical Leadership pilot commenced</p> <p>Millins, Mark</p> <p>28/02/2018</p> <p>31/08/2017</p>

66	Operational performance	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	07/11/2011	13/06/2018	IF there continues to be increased demand across the A&E Operations service THEN there may be excessive response times RESULTING IN a potential risk to patient safety	<p>1. Intense monitoring process in place.</p> <p>2. Other metrics are being monitored that are indicators of effective rotas for example, end of shift overruns, meal break allocation, performance delivery, other AQIs</p> <p>3. Weekly patient safety review underway to determine harm caused from delayed responses.</p> <p>4. Weekly Quality and Safety monitoring report</p> <p>5. Ops Recovery Plan in place with actions underway to address performance issues.</p> <p>6. Ongoing monitoring of demand profile against planned resource.</p> <p>7. Weekly and monthly reporting to CCGs in relation to delayed responses and staff welfare.</p> <p>8. Overtime is being used to address vacancies</p> <p>9. Use of Private Providers - this is being reduced</p> <p>10. New rota's implemented from 1st April 2017</p> <p>11. Capacity planning tools in place are providing accurate demand projections.</p>	<p>1. Inability to manage increase in demand at present time effectively with available resource.</p> <p>2. A&E contract not reflective of actual and projected demand</p> <p>3. ARP to be fully implemented by September 2018 - revised workforce plan</p>	20	20	High Risk	5	<p>Operational Alert - Excessive Delayed Response</p> <p>Ops Alert to be issued to staff asking that all delayed response incidents are reported to Datix to enable appropriate learning.</p> <p>completed 1 Aug 15</p> <p>Frankowiak, Stefan</p> <p>01/08/2015</p> <p>01/08/2015</p>	
																<p>Real Time Excessive Delayed Response Reporting</p> <p>Real time reporting process to be made more robust to ensure this is happening consistently.</p> <p>process strengthened with recruitment to Senior Clinical Advisor role. Learning from Sis implemented.</p> <p>Whitham, Carrie</p> <p>12/10/2015</p> <p>12/10/2015</p>
																<p>ARP working group - phase 2 implementation</p> <p>Implement phase 2 of ARP</p> <p>working group established. To monitor implementation, performance, incidents, Sis, lessons learned, coding and mapping issues.</p> <p>May 16 - reviewed incidents - breathing problems (prev Red 2 now Amber R). No Sis, for lessons learned, ARP not contributory.</p> <p>Agreed a pilot cap on Green allocations by time rather than number (3) to provide equality between city/rural jobs</p> <p>22.8.16 pre-CQDF NHS England Pilot is live and monitoring is ongoing</p> <p>Sunley, Bob</p> <p>03/10/2016</p> <p>10/10/2016</p>
																<p>Revise the weekly Quality and Safety Report to align to new response model</p> <p>Following the introduction of the ARP2 pilot, there is a need to refocus the information in the weekly quality and safety report to align it to the new response model.</p> <p>The BI team is currently working up a revised draft. Reports including the daily ROC report are still available to provide current information whilst the weekly report is refashioned. Weekly report revised and distributed for w/c 25 July 2016</p> <p>Batey, Nigel</p> <p>01/08/2016</p> <p>03/08/2016</p>
																<p>ARP 2.2</p> <p>Plan for and implement ARP 2.2</p> <p>Established ARP working group is continuing to plan for implementation of ARP 2.2</p> <p>Response subcategories provided by MIS (CAD supplier)</p> <p>Mapped to Amber data to project demand proportions</p> <p>RAG Oct 16: ARP 2.2 has been implemented. To monitor impact on Amber performance and EMD call pick up/handling times</p> <p>Whitham, Carrie</p> <p>28/11/2016</p> <p>31/10/2016</p>
																<p>Deliver A&E Ops recruitment line with Workforce Plan</p> <p>Monitor delivery of A&E Operations recruitment and training in line with Workforce Plan</p> <p>progress monitored in risk 85</p> <p>Sunley, Bob</p> <p>19/12/2016</p> <p>08/03/2017</p>
																<p>EMD and ED Ops visiting Acute Trusts to discuss handover</p> <p>Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover</p> <p>Visited York, Scarborough, Barnsley. (see risk 766)</p> <p>Mark, Julian</p> <p>31/03/2017</p> <p>31/03/2017</p>
																<p>Monitor Tail of Performance</p> <p>Monitor tail of performance</p> <p>Mar 18: specific risk relating to South cat 2, 3, 4 performance at 90th percentile has been added</p> <p>Feb 18: Performance Improvement Team working with Ops and BI to develop dashboards that provide the right information to support Ops decision-making to manage demand</p> <p>Jan 18: Tail of performance in Cat 2 and long lays in Cat 3&4. NASMED are raising this.</p> <p>Oct 17: (RAG) increased time in DMP. Daily ARP3 report, over 90th centile monitored, review of individual cases where indicated. Excessive response monitored in clinical hub.</p> <p>July 2017: increased tail of performance and variance in Cat 2&3 demand v's performance and increased use of DMP. More efficient use of relief policy to increase cover at the weekend. No notable increase in serious incidents reported. Monitoring and projections continue.</p> <p>McSorley, John</p> <p>13/06/2018</p>
																<p>PTS support for weekend - South trial</p> <p>Trial of PTS support for weekend low acuity work in place - South locality</p> <p>Apr 18: RAG. LAT business case for ARP</p> <p>Feb 18: still receiving PTS support in South CBU from our PTS colleagues, we are in the process of bringing in the LAT crews to replace the PTS staff who are currently helping out.</p> <p>Nov 17: trial launched October 2017, picking up low acuity IFTs. Monitoring performance for specific category of calls.</p> <p>Cole, Jackie</p> <p>31/07/2018</p>

766	Hospital Handover monitoring	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	01/04/2015	30/06/2018	IF there are hospital handover delays a THEN ambulance crews will be unavailable to respond to emergency calls RESULTING IN delayed response times to emergency calls with potential for harm to patients	<p>1. Daily turnaround reports, include handover and YAS turnaround</p> <p>2. weekly updates</p> <p>3. Liaison with local hospitals, Chief Officers, to help manage turnaround times</p> <p>4. HOPs update LMs weekly</p> <p>5. Liaison with commissioners via CMB and CBU meetings</p> <p>6. Real-time escalation and HALO role</p> <p>7. On call teams and escalation plans to maintain safe service delivery reviewed and in place and action plans in place via ROC</p> <p>8. Positive reinforcement to crews with good turnaround (3 month project West)</p> <p>9. Resilience support vehicle to be utilised at direction of on call Gold Commander / ROC</p> <p>10. daily conference call</p> <p>11. Learning from serious incident investigation</p> <p>12. Self-Handover</p> <p>13. South RAT base themselves at an ED between jobs where possible</p>	<p>1. Receiving Trusts' organisational issues such as staffing and building work, Operational, IT and communication issues outwith YASs control</p> <p>2. impacts on shift handover, CS availability and on the 11 hour rule</p> <p>3. consistency of booking-in arrangements at EDs</p> <p>4. measurement of handover - from notify or arrival time not consistent with other ambulance trusts reporting</p>	16	16	High Risk	4	Collaborative Turnaround Meetings	Collaborative Turnaround meetings with acute trusts and commissioners Monitoring and reporting of turnaround times	CODF 28.7.16 Collaborative meetings have not been held	Macklin, David	22/08/2016	28/07/2016
															Handover in Turnaround Agreement and declaring SI	Monitor excessive handover and report to acute trusts / commissioners, and in accordance with Turnaround Agreement request consideration of SI status	Monitoring and reporting of turnaround to commissioners. SI declared by YAS for delayed response with adverse patient outcome will include handover analysis to establish if correlation with performance. Report of SI has been submitted to commissioners for review - further actions to be agreed following this Sept 16: SI has been delogged from YAS numbers. Region-wide workshop held, followed by meetings to agree and implement action plan	Page, Steve	28/11/2016	11/10/2016
															Visits to hospital trusts to discuss turnaround	Undertake visits to identified hospital trusts to discuss turnaround issues	Nov 17: Further visit (to Bradford). Oct 17: a number of visits conducted across the YAS region. Handover Group established which includes commissioners, Director of Operations, hospital trusts. March 17: Executive Medical Director and Executive Director of Operations are visiting acute trusts to discuss handover	Mark, Julian	29/01/2018	20/11/2017
															ECIST workshop	ECIST workshop to be held	22.8.16 a 'turnaround' workshop has been held by NHS Improvement to identify solutions and agree action RAG 29.9.16 report from workshop is due out imminently	Sunley, Bob	26/08/2016	22/08/2016
															Implement Scarborough Protocol	Implement Scarborough Protocol and monitor impact	May 18: ongoing monitoring of arrangements at Scarborough/York in respect of handover and IFTs Jan 18: Scarborough to York and York to Harrogate divert in place with arrangements being managed through conference calls with YAS/acute trusts. Oct 17: Monthly review in place with YDH/Scar Trust, with an agreed escalation plan in place. Aug 17: Specific handover SOP for SDGH has been developed. The clinical team at SGH are happy with as are YAS. Agreement is required at SGH Executive level.	Millins, Mark	30/03/2018	09/05/2018
															Clock start clarification and BI analysis	Confirm clock start and agree BI analysis times	Feb 18: BI have completed analysis based on notify to handover v's arrival to handover +2mins, and calculated difference by hospital trust and overall mean. Task and Finish Group are reviewing this Oct 17: RAG - clarification is required of clock-start time. There have been reports from some crews that some trusts are not allowing them to book in until ready for handover. Senior Ops managers asked to confirm where this is occurring so this can be investigated further. BI will undertake some analysis from time of arrival to time of notify, by hospital site. CQC have written to some hospital trusts about 'clock start'	Wood, Phillipa	29/01/2018	22/02/2018
															Scarborough Handover	Scarborough Handover focus	May 18: further work with Scarborough on handover arrangements	Mudd, Paul	30/06/2018	
															Action on A&E 2018	Yas to engage in Action on A&E workstream	May 18: first conference meeting is 10th May	Segasby, Stephen	30/06/2018	
															Handover Task & Finish Group	YAS Handover Task and Finish Group established	Feb 18: work ongoing to review handover calculations and understand reporting nationally. Jan 18: YAS internal Task and Finish Group established.	Batey, Nigel	30/05/2018	
1096	Decommission dedicated Friarage ambulance	A&E Operations	Mobbs, Leaf	Operational Risk	Patient harm	12/04/2018	30/06/2018	IF the proposal to decommission the dedicated ambulance at Friarage Hospital is implemented THEN there will be a delayed response to patients with life-threatening and time critical conditions RESULTING IN adverse patient outcome, an increase in complaints and serious incidents, negative impact on performance and reputation	QIA completed and level of risk to patient outcomes and performance has been clearly articulated to Commissioners Prioritisation of resources, DMP	Commissioner acknowledgement and response to anticipated delayed responses, longer journey times, crew drift and increased job cycle time impacting on availability of resources and patient outcome. Expected negative patient experience due to delays and	20	20	High Risk	10	Modelling impact	Model impact of proposed change	May 18: letter being drafted for Commissioners to make clear the potential for patient impact and impact on resource drift in locality and wider geographical area March 18: YAS are currently modelling the impact of loss of the dedicated ambulance resource. QIA is completed.	Wilson, Antonia	31/07/2018	
															Manage patient experience	Collaborative public messages	March 18: YAS will need support from commissioners, primary care and acutes to deliver collaborative public messages	Mobbs, Leaf	30/06/2018	
1018	MYHT reconfiguration - A&E Ops mobilisation	A&E Operations	Segasby, Stephen	Operational Risk	Clinical	22/08/2017	31/07/2018	IF funding is not secured to allow YAS to continue to resource rota's to address the requirements of the Mid Yorkshire Hospitals reconfiguration THEN there will be an impact on performance, increased inter-facility transfers RESULTING IN potential for delays in patient care and adverse patient outcome	Agreement from TEG to fund additional posts - Use of Private Provider SJA Use of one PTS vehicle run from EOC Monitoring of IFTs has shown number of journeys as expected LAT desk in place for low acuity transport	LAT desk in place 18 - business case for LAT to deliver ARP MYHT directly commissioned private providers meaning lack of data available to YAS for planning. Upgrading of IFTs at 1 hour. The risk of not having a sustainable, funded solution in place after June 2018 has been escalated at the A&E delivery board.	20	20	High Risk	4	Ongoing funding discussions	Continue urgent discussions with commissioners to secure funding commitment to enable rapid deployment and recurrent funding for ongoing impact	Aug 17: QIA completed and agreed with lead CCG. Discussions with Commissioners are ongoing Sept 17: Funding agreed	Bradley, Mark	31/08/2017	29/09/2017
															Requirement to utilise private provider	Requirement to utilise private provider resource	May 18: The MYHT additional winter resources have now finished (Easter 2018)resulting in: • Increase in demand from 12 to 15 IFT per day • Increase in MYHT requesting automatic 1 hour upgrades to Priority 1 transfers 2 x St John resources contracted until the end of June 2018 2 x dedicated transfer vehicles contracted until the end of June 2018 Operational review meetings with Mid Yorks patient flow team Agreed SOP between MYHT patient flow and EOC Clinical manager for delayed transfers to ensure patient safety Apr 18 RAG - using SJA until June 18. MYHT are upgrading IFTs where delays. Oct 17: utilising SJA x 3 and 1 x YAS PTS vehicle run from EOC. This is covering the activity projected. Sept 17: engagement of private provider to deliver additional activity requirements resultant from Mid Yorks reconfiguration	Ali, Tasnim	31/07/2018	
	Calderdale Huddersfield Reconfiguration							IF YAS does not have accurate information to prepare for implementation of Calderdale and Huddersfield	Known will affect conveyance for Frail Elderly and cardiorespiratory Care pathways in place						Audit of PCRs	Audit of PCRs to establish under the new arrangement where the patient would have been conveyed to	Oct 2017: audit has commenced of 1 weeks worth of PCRs for Calderdale and Huddersfield conveyances to establish where the patient would have been taken based on the new arrangement. This information will inform modelling and discussions with CHFT/commissioners.	Crossley, Jacqui	27/11/2017	27/11/2017

1034	reconfiguration - centralising Frail Elderly and Cardiorespiratory	A&E Operations	Segasby, Stephen	Operational Risk	Patient harm	10/10/2017	31/07/2018	Considerable and modelled reconfiguration arrangements THEN this may impact on performance, create resource drift, increase transfer time and IFTs RESULTING IN potential for adverse patient outcome and failure to meet national response targets	Clinical pathways in place Monitoring of extended journey times and IFTs Impact assessments have been borne out by demand 18/19contract variation to be agreed, not part of main contract	☒	20	20	High Risk	4	Work through clinical pathways with CHFT	Work with CHFT to understand pathways for different scenarios and support modelling of impacts	Apr 18 (RAG): contract variation to be agreed Feb 18 (RAG): impact assessments have been borne out by demand. Jan 18: Frailty pathway reported to be working well. Nov 17: developing and modelling pathways to define resource requirements. Concerns with delivery of required resource. Potential risks of 1)taking patient to wrong hospital, 2)operational performance impact due to incorrect modelling and resource	Crossley, Jacqui	31/07/2018	
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1006	A&E Ops Recruitment Trajectory	A&E Operations	Segasby, Stephen	Operational Risk	Capacity	01/08/2017	31/07/2018	IF recruitment does not achieve trajectory and we are unable to utilise overtime THEN YAS will have a mismatch of resources versus demand RESULTING IN impact on response times	Promoting use of overtime Better utilisation of relief policy to improve weekend cover Additional ECA recruitment (36) to reduce reliance on overtime Focus on locality specific issues Working with Resource on capacity planning, incl attrition.	Cannot predict overtime uptake Staff are less likely to pick up overtime at weekends Overtime is non-contractual so can be cancelled	12	12	Moderate Risk	3	Recruitment	Progress recruitment	Apr 18: (RAG update) Divisional Commander meeting today to agree recruitment Feb 18: Currently will achieve trajectory by end of Q4. Revised workforce plan Jan 18: Further ECA recruitment event at end of January 18, over 120 applicants. Aug 17: Further adverts out for Paramedics and ECAs	Segasby, Stephen	31/07/2018	
1097	South Performance	A&E Operations	Cole, Jackie	Operational Risk	Performance	12/04/2018	13/06/2018	IF Cat 2, 3, 4 South performance is not within 90th centile THEN there are delays in responses RESULTING IN potential deterioration and adverse patient outcome	Monthly, weekly and daily monitoring report Low Acuity Tier pilot BI performance monitoring dashboards Incident reporting and Incident Review Group monitoring	Hospital handover delays	16	16	High Risk	8	Monitoring	Monitoring of performance	April 18: daily performance reports to CBU level. Hospital handover dashboard in place.	Cole, Jackie	13/06/2018	
945	Event Commander Competency	A&E Operations	Ruud, Mark	Operational Risk	Training, Education & Compliance	15/05/2017	29/06/2018	IF an incident at a sporting event / mass gathering was ineffectively managed by a YAS appointed commander THEN there could be delays in treatment RESULTING IN failure to treat serious injury in a timely manner, potential increased loss of life and reputational damage.	Commander Framework in place. A large volume of staff with basic command training. A group of staff exists with a large amount of experience at working in event control rooms. Action Cards and protocol document in place provides a structured approach. Post-event report which is scrutinised by Head of Events and learning lessons cascaded to commander group. Job description for commander role Ambulance / Medical Plans for each venue are reviewed annually and shared with partner agencies. Resilience Governance Group established Apr 2018 - draft NHS service specification for Ambulance Service Command & Control that has been produced by NARU (National Ambulance Resilience Unit) on behalf of NHS England Appointed to a role concerned with commander education and assurance	Inconsistency in level of training across those in commander roles. Training available not specifically targeted at events and mass gatherings scenario's where commanders are already present. Lack of assurance process for defining command competency and lack of assessment of individual against job description. Lack of a continuous assessment / re-validation or PDR process for this role. Await completed NHS service specification for Ambulance Service Command & Control by NARU on behalf of NHS England	12	12	Moderate Risk	6	Baseline of current Event Commander training	Produce a schedule detailing all those currently active in the tactical command role at sporting events & mass gatherings and the relevant training completed.	Completed and sent via email to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
															RAG rating of events attended	Identify all the venues that YAS attend and supply a NHS Manager for the Event Control and simplistically assess the risk on a RAG level.	Completed and list emailed to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
															Identify potential YAS Commanders interested in Event Commander role	Advertise an Expression of Interest (EOI) across the Trust to identify those YAS employees prepared to undertake the Command role and establish their baseline level of training relevant to this role.	Completed and list emailed to Jackie Cole - Divisional Commander, South	Ruud, Mark	18/05/2017	18/05/2017
															Produce a Job Description & Competency Profile for the Event Commander role	Produce a Job Description & Competency Profile for the Event Commander role and take this to the job evaluation panel for banding.	Completed Feb 2015 and all those undertaking already the role but under pre-existing JD's were moved onto the band 6 JD.	Ruud, Mark	18/05/2017	18/05/2017
															Review existing Event Commander JD to ensure at correct level.	Review the existing JD & Competency Profile for the band 6 Event Commander role and determine if set at the correct level for the tactical command role that is supplied by the Trust at events and mass gatherings. Strengthen the JD and arrange for re-evaluation by the job evaluation team if necessary. Working with Mark Ruud to assess cost implications where necessary.	Jan 18: JD was reviewed in October (B6) and will require ongoing review to reflect any decisions on scope of the role. Initial meeting held on 11th May 2017 with MR, JR and JC to discuss existing processes and plan to provide assurance on commander competency in both event environment but also general ambulance activities.	Richardson, Jim	31/12/2017	31/10/2017
															Produce a training package for all Event Commanders to complete	Produce a basic training course to provide staff undertaking a command role at events & mass gatherings the basic skills required.	Apr 18: Appointed to a role concerned with commander education and assurance, he is meeting Head of YAS Academy next week to progress.	Ruud, Mark	31/08/2018	
															Consider training required by ambulance staff attending events	Consider training required by ambulance staff attending events	Apr 18: Appointed into a role concerned with commander education and assurance he is meeting with Head of YAS Academy to progress. Jan 18: include command and tactical roles. To consider who will lead this work once agreed and funded.	Ruud, Mark	29/06/2018	
															Produce an audit process for demonstrating command competency	A process is required that is consistent and able to be used to assess and sign off competency of YAS Commanders in the command role. Also a pro-active process which identifies CPD activities required.	April 18: a draft NHS service specification for Ambulance Service Command & Control that has been produced by NARU on behalf of NHSE. Once this document is issued as a completed specification it will be something that will trigger a Trust response Jan 18: interdependent upon delivery of training and signing off of competency	Ruud, Mark	31/08/2018	
1035	Allocation of CPAD from CAD	Resilience and Special Services	Stevens, Paul	Operational Risk	Patient harm	29/09/2017	29/06/2018	IF a previously allocated CPAD device is not reactivated following use THEN it will no longer show in CAD RESULTING IN failure to allocate to an incident and delay to patient intervention	Baseline audit of CPADs and status on CAD off/on - September 2017	audit trail of notification to EOC to reactivate the device on CAD	15	15	High Risk	5	Procedure for management of CPADS	Agree and document a procedure between Community Resilience and EOC for re-activation of CPAD following use	Sept 17: development of procedure ongoing 24 Oct 17 : Procedure Approved by EOC Clinical Governance Group	Marsay, Neil	30/11/2017	26/10/2017
															CFR as CPAD guardian	Encourage CFRs to become the 'guardian' of the CPAD in their area	May 18: work is ongoing with CFRs to engage them as guardians in their area for CPADS	Stevens, Paul	29/07/2018	
															Appoint a Community Defib Coordinator	Appoint a Community Defib Coordinator who's role will be to monitor use and activation	April 18: some delays in recruitment due to concurrent staffing issues Sept 17: role banded and through vacancy panel	Stevens, Paul	29/07/2018	
															Create audit trail of requests for switch on/off of CPAD on CAD	All requests for activation/deactivation of CPADs on CAD should be done in writing (rather than verbally)	Sept 17: currently done by email into EOC Duty Manager inbox. Ongoing development of process may change the end recipient in EOC.	Frampton, Kiri	31/10/2017	16/10/2017
															Monitoring of allocated CPADs for reactivation	Work with BI to report CPADs that are allocated on CAD to support re-activation process	Apr 18: monitoring of allocated CPADs for reactivation is ongoing Jan 18: report being produced of CPADs that are switched off to allow for checking, restocking and re-activation.	Stevens, Paul	29/06/2018	

Workforce and Organisational Development Directorate

950	Health and Wellbeing CQUIN	Human Resources	Angus, Karen	Strategic Risk	Financial	02/05/2017	23/07/2018	IF there is inadequate knowledge and resource to manage CQUIN delivery THEN the Trust may fail to achieve the Health and Wellbeing CQUIN RESULTING IN financial penalties and potential impact on the outcome of future tenders	2nd year of 2 year CQUIN mechanisms in place to track trajectory but currently behind Quality Committee oversight and reporting CQUIN delivery group meeting H&WB plan in place	12	12	Moderate Risk	4	Flu plan and delivery 17/18	Develop and deliver Flu plan 17/18	March 18: 65.4% final position. Debrief and lessons learned planned to inform next year. Jan 18: Flu vaccination final figure is 65.3% uptake, positive improvement on previous years. Dec 2017: 62.8% uptake. Await final forms for count. Nov 2017: Flu vaccination uptake 50% of Trust @week 5 of a 14 week campaign. Aug 17: weekly flu meeting in place, project manager starts 7 Aug. High street vouchers approved and going through Procurement process. Engagement with Comms and BI.	Angus, Karen	28/02/2018	12/03/2018
														Health and Wellbeing Plan 18/19	Deliver Health and Wellbeing Plan 18/19	Apr 18: Mind, body, lifestyle plan incl Flu plan, MSK, backcare, MH first aid training, availability of food. March 18: H&WB Plan signed off Feb 18, H&WB Group to drive plan forward reporting to Workforce Strategy Group. Jan 18: Paper for new model to TEG 22.1.18 Nov 17: going to board in February 18 May 17: TEG - H&WB paper 70K: MINDS/MH first aid training for CS's, Body: MSK and Lifestyle. Flu vaccination purchase, station vaccines and Flu steering group.	Houghton, Helen	27/08/2018	
														OH contract	PAM Contract re-negotiation (current contract ends September 2018) and specification	Apr 18: to be split into 5 lots, specification being developed. March 18: Procurement to support current contract management with 6 month extension to allow for re-tender. To split contract into 'lots', specifications drafted. To be fully implemented by April 19 Jan 18: Paper to TEG in February to update progress. Aug 17: Head of OH recruited 2 days/wk to set up contract	Houghton, Helen	28/09/2018	
														Recruit to Health & Wellbeing posts	Recruit to Health and Wellbeing Posts	Nov 17: H&WB advisor in post. H&WB Lead starts Dec 17. Occupational Health contract lead started end of Sept 17	Hartshorne, Suzanne	25/09/2017	07/11/2017
														Restructure - Workforce directorate	Agree and implement Workforce Directorate restructure	Nov 17: restructure complete. recruiting to vacancies. Aug 17: continuing consultation with staff	Hartshorne, Suzanne	30/11/2017	07/11/2017
														Staff Survey action plan	Deliver action plan arising from Staff Survey	March 18: Staff Survey Task and Finish Group established. Health and Wellbeing plan is structured to address key issues identified from responses. Jan 18: Paper to TEG in February Nov 17: staff survey ongoing, results due by end of Feb 2018	Houghton, Helen	31/08/2018	
														Flu plan and delivery 18/19	Flu plan and delivery 18/19	March 18: planning commenced to achieve 75% target. National directive to use quad vaccine. Paper to TEG in April 18 regarding plan and resource required to deliver.	Houghton, Helen	23/07/2018	
1051	Immunity screening and vaccination and health surveillance	Human Resources	Houghton, Helen	Operational Risk	Infection, Prevention & Control	12/10/2017	31/07/2018	IF YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases RESULTING IN potential harm to staff and patients	PAM project to review all immunisation status for existing staff Delivery of vaccine where indicated Contact tracing in known cases of measles	12	12	Moderate Risk	4	Clinical Alert for measles outbreak	Send out clinical alert regarding measles outbreak and importance of MMR vaccine	Nov 17 Complete	Ashby, Clare	30/11/2017	30/11/2017
														PAM reconciliation of immunisation	PAM ongoing reconciliation of immunisations and recall for vaccine delivery as required	Apr 18 RAG: ongoing audit and imms programme to be completed by July 18 March 18: audit is ongoing with recalls where indicated. Prioritising Leeds area where there is a current measles outbreak. As of end of February 18 there were 412 staff (frontline patient contact) remaining to review immunity status. July 18 is the projected date for completion	Houghton, Helen	31/07/2018	
														Review of Occupational Health contract	Review of Occupational Health contract provision	Apr 18: review of contract underway with proposal to split procurement into 5 'lots', development of tender specification ongoing. Nov 17: Health and Wellbeing Lead joined the Trust to review the OH contract.	Houghton, Helen	28/09/2018	
861	Delivery of Stat Mand Training	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Training, Education & Compliance	15/11/2016	25/06/2018	IF YAS is not compliant with delivery of statutory and mandatory training requirements THEN there will be skill and knowledge gaps amongst staff RESULTING IN potential for compromised staff and patient safety and heightened scrutiny of external regulatory bodies	1. Corporate Induction 2. Local Induction 3. Mandatory training workbook and face-to-face refresher training 4. Workforce compliancy dashboard for monitoring 5. Training Needs Analysis for A&E Operations 6. 2-day abstraction for A&E Operations agreed by TEG from April 17, to be implemented from 1st July 17. 7. Training restructure completed	12	12	Moderate Risk	3	Paper to TEG on A&E Ops abstraction requirement	Paper to TEG to outline requirement for abstraction for A&E Operations to cover statutory and mandatory training requirement	May 17: 2 day abstraction agreed by TEG. Training and Development team working with subject matter experts to agree course content and learner outcomes. Framework/structure for the days has been agreed by working group - to obtain TEG sign off. Abstraction will commence from 1st July 2017. Feb 17: work to develop A&E Ops face-to-face TNA is ongoing Jan 17: round of informative conversations with Directors prior to TEG paper. TNA completed across the Trust for mandatory training. Proposal for A&E Ops 2 day abstraction to incorporate national guidance (Safeguarding, Conflict Resolution Training). Regardless of method of delivery, we would still have to abstract the hours.	Launchbury, Tracy	26/06/2017	12/06/2017
														Develop TNA and training for PTS and deliver	To develop a statutory and mandatory training needs analysis for Patient Transport Service Develop and deliver the programme	Nov 17: TNA in place, programme developed, to launch late Nov 17 June 17 RAG: Working on PTS face to face TNA with subject matter experts May 17: PTS operational (road) staff, face-to-face TNA outputs for assurance paper going to TEG in June 17. Dec 16: Training planning meeting being arranged with Chris Dexter and Claus Madsen for the new year. PTS have identified requirement for moving and handling training as priority training in addition to mandatory TNA PTS are already abstracted for 2 days every 3 years.	Launchbury, Tracy	25/09/2017	21/11/2017
														Develop TNA for EOC, PTS Comms, NHS111	Develop TNA for EOC, PTS comms and NHS111	Apr 18: abstraction supported and development of training ongoing with SMEs. Jan 18: paper going to TMG this month outlining recommended abstraction for these staff groups	Launchbury, Tracy	29/06/2018	
														Support staff TNA	Develop TNA for support staff (incl ancillary, administration, corporate, fleet)	Nov 17: development of TNA for support staff is part of work ongoing on all stat mand provision	Launchbury, Tracy	29/06/2018	
														TNA for Volunteers and sub-contractors	Develop TNA for patient-facing volunteers and sub-contractors CFRs and VCS, Taxi's	March 18: work ongoing to progress this with key volunteer and sub contractor groups Nov 17: development of TNA for this group is ongoing	Launchbury, Tracy	25/06/2018	

1048	Paramedics band 6 upskill training	Organisational Effectiveness and Education	Madsen, Claus	Strategic Risk	Financial	21/11/2017	28/09/2018	IF the paramedic band 6 Job Description skills requirement upskill training plan is not in place for those paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2018 THEN YAS will not meet the development planning requirement from NHSI RESULTING IN potential for the £1.54M funding attached not being released to the Trust	Self-assessment tool completed by 99.9%, remainder are LTS/maternity Training plan to upskill workforce who don't meet band 6 requirement is in place, 216 staff requiring training Clinicians who qualified post-2008 have completed IHCD Module J or equivalent will not require additional training Reporting completion of self-assessment to Ops Senior Management Team on a weekly basis Pay banding steering group.	12	12	Moderate Risk	4	Develop and implement self-assessment	Develop and implement self assessment to establish numbers requiring upskill training	Apr 18: RAG - 99.9% completion rate. remainder LTS / Maternity. Feb 18: (RAG 22/2) 70.89% response rate. 146 individuals with identified training needs, TNA being prepared. Some confusion in A&E Ops of requirement to respond if trained pre-2008, this has been clarified with LMs and GSMs who are supporting Education and Learning Team to deliver 100% response rate by the end of March 18. Jan 18: (RAG 18/1) 38% response rate to survey. Rebanding steering group established. Jan 18: self assessment tool launched - online survey. All paramedics to complete this. Identification of gap group by end of January 2018 in line with NHSI/NHSE milestones for delivery Nov 17: self assessment tool is developed	Madsen, Claus	31/03/2018	23/04/2018
														Training plan	Put in place a plan for training and deliver through 2018/19 and 2019/20	Apr 18: 216 staff require full training. Report to NHSI monthly on delivery of training - monies released as training delivered at milestones. Nov 17: Training plan is developed, currently based on potential maximum numbers requiring upskilling. This number will change as the self-assessment is completed and determines actual numbers. NHSI deadline for completion of all training is 01 April 2020.	Madsen, Claus	28/09/2018	

Planned and Urgent Care Directorate

58	Clinical Staff Recruitment and retention - NHS 111	NHS 111	Townend, Keeley	Operational Risk	Clinical	06/08/2013	29/06/2018	IF NHS 111 are unable to recruit and retain Clinical Advisors due to poor responses to advertisements and poor retention rates THEN there is a potential risk to delivery of the workforce plan resulting in not being able to provide clinical advice in appropriate timescales.	1. Continuous recruitment drives with formal action plan agreed 2. OPM monthly meeting to sign off clinical resources again patient demand 3. Employing agency staff 4. dedicated 111 person assisting with recruitment 5. Advertise as Band 6 role only 6. increased advertising 7. Homeworking 8. Trust Clinical Recruitment project	1. Inability to recruit to evenings and weekend rota slots. 2. unable to fill gaps in rotas with agency staff 3. New cap on agency spending	12	12	Moderate Risk	6	Additional recruitment processes	Funding now available from winter monies so an additional effort to recruit staff by wider adverts, working with GP OOHs providers to provide additional clinical resource. Home working to encourage clinical staff to work shorter hours at critical times	Discussions with GP OOH providers held and positive Homeworking - technical testing going ahead. additional recruitment advertisements have proved successful in recruiting clinical staff. continues to be a risk and monitoring of next round is on going	Cooper, Karen	12/12/2014	18/09/2014
														3 Clinical Advisor recruitment	Multi-factorial approach to clinical advisor recruitment in NHS111	July 16: Raised all CA recruitment to band 6, offering homeworking Undertaking joint clinical recruitment with the clinical hub Planning to recruit 8 Urgent and Emergency Care Nurses into 2 year training posts to increase & attract future clinicians into YAS Offering greater flexibility on rota patterns Continue multi disciplinary clinical team approach with floorwalkers/specialist clinicians improving access to band 6 roles with additional training options Working with NHS Pathways to develop other training methods and 'expert clinician' modules Utilisation of wider YAS Clinical pool Undertaking joint clinical recruitment with the clinical hub Partnership working with Urgent Care regional providers Nov 16: NHS 111 service continues to work closely with the Clinical Advisory Service (Vanguard programme) given the potential for this to impact upon clinical KPIs Formal clinical recruitment plan developed with HR in place. Recruitment drive underway - adverts currently out and commissioners asked to circulate adverts throughout their networks. Social media campaign scheduled to coincide with the airing of the London Ambulance TV programme on 11th October has also been used with tweets and facebook posts released to raise awareness of job opportunities. Roles and opportunities to be promoted at the Nursing Times Conference in Leeds on 15th October and the RCN Conference in November. February 17 recruitment through traditional methods has not been fruitful. Challenge workshop held in January 17 and recommendation to TEG in Feb 17.	Leese, Mark	25/09/2017	14/07/2017	
														1. Funding from 999	Funding from 999 for senior floor walkers and specialist resources for early clinical intervention.	Reviewed on a monthly basis at 111 finance meeting. Budget agreed for 2017 /18	Littlewood, Michela	31/12/2016	04/05/2017	
														2 Homeworking	Homeworking to encourage clinical staff to work shorter hours at critical times	NHS 111 have a number of homeworkers which are rota'd at busy times Nov 16: Homeworking project is progressing April 17: homeworking is being utilised.	Littlewood, Michela	29/05/2017	04/05/2017	
														4. Nurse Internship	To develop Nurse internship at Band 5 posts to rotate between NHS111, EOC and frontline	RAG Sept 16: intention to develop nurse internship model Karen Warner is leading on this project Interns started 15.05.17 and are here for 6 months	Littlewood, Michela	30/01/2017	16/05/2017	
														Clinical Challenge Workshop	Workshop to look at new ideas to support recruitment and retention of clinical staff	The workshop has been held and action plan is being developed	Leese, Mark	31/03/2017	08/02/2017	
														111/LCD Governance Group monitor trajectory	NHS111 and LCD Governance Group monitor clinical staff recruitment trajectory	Jan 18: paper to Recruitment Group on benefits realisation of modular training which will deliver in 18/19 (YAS and South Central AS are piloting modular training, working in conjunction with Health Education England and NHSE). Oct 17: Offering modular training to help with recruitment recruitment and retention is stable trajectory still on track. continue to monitor closely No further progress on action but continue to monitor	Townend, Keeley	31/07/2018		
														Clinical Recruitment Project	Progress clinical recruitment project	Feb 18: (RAG) this is ongoing. Oct 17: progression of dental nurse recruitment is ongoing. Developing a career package to support retention. Advert for modular learning has gone out and applications shortlisted 2.59fte Dental nurses are due to migrate to permanent contracts completion date 31/5/18	Sunley, Bob	29/06/2018		

845	Culture / Retention in NHS111	NHS 111	Leese, Mark	Operational Risk	Human Resources	26/09/2016	28/09/2018	If we are unable to address the current cultural issues within the NHS111 call centres THEN staff will not see NHS 111 as a desirable place to work RESULTING IN high levels of sickness and attrition with loss of experienced and trained staff.	1) Monitor Sickness levels 2) Monitor attrition levels 2) Annual staff surveys and Exit Interviews to establish reasons	Plan to manage attrition Performance pressures due to peaks in demand meaning unable to take staff off the phones for 'Hello my name is'	12	12	Moderate Risk	6	Develop action plan	Develop action plan to address the retention issues and improve staff well being	Gaining views from staff through interviews as well as seeking independent support and advice. Communicate findings. Holding freedom to speak sessions National survey and Unite survey pulled together and overall action plan developed by end of Sept 2016	Leese, Mark	30/09/2016	22/02/2017
															Exit interviews	Examine recruitment and retention issues by asking staff to complete an exit interview questionnaire	established exit interview questionnaire	Leese, Mark	31/03/2017	14/12/2016
															Workforce Investment Fund Projects	Looking at creating a supported work environment for audits, 1:1's and PDR's	Projects are underway gathering information through staff surveys, staff workshops, team leader workshops, data currently collated and benchmarking	Leese, Mark	01/06/2017	08/02/2017
															Sickness Action Plan	Develop and implement sickness action plan	Series of presentations by team leaders to call centre managers on team absence held in early August	Leese, Mark	30/10/2017	30/11/2017
															Hello my name is ...	Launch national initiative of 'Hello my name is ...' into NHS 111 Call centres in Wakefield and Rotherham	Go live date of 10.12.2017 Project went live 10.12.2017	Roberts, Karen	29/12/2017	02/01/2018
															Feedback report to My Name is ... Project	gather evidence by surveying staff identified as participants of project and staff as beneficiaries	Feb 18 (RAG): positive feedback, need to formally evaluate this. Difficult to take staff off the phones during periods of high demand. date for the completed review has slipped until 31/5/18	Roberts, Karen	24/05/2018	
840	Call Handler recruitment NHS111	NHS 111	Leese, Mark	Operational Risk	Capacity	23/08/2016	30/05/2018	If NHS111 is unable to recruit call handling staff in a timely manner THEN the service will be unable to maintain required service level RESULTING IN calls not being answered within contracted KPI's	Annual business plan, Capacity plan Agreement by HR to bring people in on a conditional offer Over recruited to meet capacity plan fortnightly resource meeting Oct 17 Now offering fixed term as alternative to flexible agency resource	Unable to control candidates withdrawing from recruitment process. unable to recruit from agency. Gap in control now closed	9	12	Moderate Risk	3	1 Recruit to capacity plan and budget	Ensure to recruit to capacity plan and budget	Winter recruitment on track to recruit 180 call handlers during September/October/November 2016 Easter planning underway, currently agreeing next years contract and next years capacity plan.	Leese, Mark	29/12/2017	14/07/2017
															2 Recruitment events	Recruitment events to achieve required numbers to progress	Dates in July/August and September 2016	Roberts, Karen	15/11/2016	14/12/2016
															3 HR Meetings	Meetings with HR/Recruitment to manage required numbers	Meet HR Business Partner to agree issues with DBS/References Agreed with HR that people can be brought in a conditional offer	Roberts, Karen	16/11/2016	14/12/2016
															Recruit to capacity plan and budget	Ensure to recruit to capacity plan and budget 2017 / 18	Oct 17 vacancy panel agreed 22fte call handlers and 8 fte Dental nurses to be recruited via agency Winter recruitment on track to recruit call handlers during September October 2017 Final recruitment / selection event 15 November 2017	Leese, Mark	29/12/2017	12/12/2017
															permanent contract offer	To offer permanent contracts to the October intake to secure higher numbers of recruits	Nov 17: 36 out of 46 accepted permanent contracts a small number have yet to reply Ringling round all interviewed staff with offer during October	Leese, Mark	31/10/2017	13/11/2017
															Review of staffing levels 2018/2019	review required staffing levels for 2018 / 19 in line with contract settlement	March 18: Cost control target met for Call handlers. Reviewing planning for 2018/19	Deakin, Wayne	30/05/2018	
996	NHS111 Performance and Quality compromise - financial settlement	NHS 111	Leese, Mark	Operational Risk	Patient Experience	18/07/2017	29/06/2018	If the financial settlement doesn't not reach required amount to achieve KPI's THEN performance and or quality will be compromised RESULTING IN poor patient experience	On going review of performance, budget and quality with Commissioners and internal management team Senior Team focus on maintaining performance by working on efficiency going into tender.	None	15	15	High Risk	9	Set out performance expectations	Set out expectations on performance/quality and finances with commissioners		Townend, Keeley	31/08/2017	31/07/2017
															Quality Impact Assessment	Carry out a quality impact assessment for commissioners and share with internal management team		Townend, Keeley	31/08/2017	31/07/2017
															Internal efficiency programme	Design and implement an internal efficiency programme		Leese, Mark	29/12/2017	26/02/2018
															Internal efficiency programme	Create an internal efficiency programme for 2018/19	Apr 18: senior team focus on creating internal efficiency programme	Leese, Mark	29/06/2018	
995	Integrated Urgent care Specification	NHS 111	Townend, Keeley	Strategic Risk	Financial	18/07/2017	30/05/2018	If the Integrated urgent care specification is expected to be implemented (such as direct appointment booking, 50% of calls pass to clinical advice and NHS Online) THEN YAS NHS 111 will be carrying out tasks and activities not commissioned to provide RESULTING IN assigning resources and incurring costs that will not be funded.	Raised the issue with Commissioners Gap analysis on impact paper produced and sent to commissioners Preparation for tender specification - Bid Workshop and review of resources to respond		15	15	High Risk	10	Gap analysis impact	Deliver a gap analysis impact paper for commissioners of YAS NHS 111	Apr 18: target set for calls passed for clinical advice set in transitional contract is 30% with no expectation of achieving 50% Current level performance is 40% + Gap analysis shared with lead commissioner and IUC commissioner lead	Townend, Keeley	30/05/2018	
1030	NHS 111 / Bigword	NHS 111	Littlewood, Michela	Strategic Risk	Information governance	25/09/2017	29/06/2018	If 'The Big word' translation services subcontract outside of the UK to a company who are not accredited to the EU/US Privacy Shield then we would not have adequate assurance resulting in lack of adequate privacy protection.	Request a copy of the sub-contract clause as it would appear around privacy protection and principles 1, 7 and 8 of Data Protection Act 1998 and the storage of data	Not yet received assurance from 'the big word' that their subcontractors are applying appropriate safeguards	12	12	Moderate Risk	8	Seek documentation from The Big word	To discuss issue with IG and request that procurement contact provider and seek documentation providing assurance of adequate privacy protection	Apr 18: YAS does not have adequate assurance of data protection governance from BigWord subcontractors Jan 18: followed up Big Word for assurance of subcontractor governance of Data Protection Oct 17: Report received from the Service Excellence Team at bigword regarding an internal investigation into the recording of calls by a partner agency in the US and providing the assurance that all recordings have now been deleted. YAS are still to receive a copy of the bigword's Services Agreement and Code of Conduct which apparently stipulates that the recording of calls is strictly prohibited and that all freelance linguists and Partners are required to agree to.	Littlewood, Michela	29/06/2018	
															Translation services market	Understand what other suppliers are in the market to provide translation services	Apr 18; RAG - position is good in that there are a number of options for procurement. Procurement need to identify a YAS Lead - EOC/111? Feb 18: Procurement are exploring other suppliers	Wood, Andrew	29/06/2018	
1095	EOC recruitment of Clinical Advisors from NHS 111	NHS 111	Leese, Mark	Operational Risk	Human Resources	12/04/2018	29/06/2018	If as part of the ARP work EOCs business case approved for 30 additional clinical advisors is implemented then this will generate a risk to 111 as clinical advisors may apply to move to EOC resulting in the reduction of the number of clinical advisors within 111 and also for 999 as more cases	Refer to the clinical recruitment group project Chaired by Steve Page HR Director is going to hold a workshop to understand the issue a bit more and options to support	None	16	16	High Risk	8	Discussion with Clinical recruitment project	Keeley Townend to raise risk with Steve Page for discussion with Clinical Recruitment project	May 18: consideration of options to mitigate risk of losing clinical staff from NHS111. Some emerging options to be further explored.	Townend, Keeley	29/06/2018	
															Review of Clinical recruitment	Mark Leese to follow up HR Director review of clinical recruitment	May 18: as above, consideration of options and discussion with Workforce Directorate	Leese, Mark	31/05/2018	

846	WYUC Capacity	LCD (local care direct)	Leese, Mark	Operational Risk	Capacity	26/09/2016	29/06/2018	IF WYUC service is not sustainable at peak times THEN this may adversely affect NHS 111 and wider health system RESULTING IN impact on patient safety, experience and on quality	Operation supporting WYUC service through agreed REAP protocols Surge and Escalation protocols WYUC action plan	Inability to change specification with CCGs / networks Unable to manage LCD operations No impact assessment on WYUC action plan No control over national changes and requirements	16	16	High Risk	8	Actions from SI at Easter 2016	Implement actions from serious Incident at Easter time with Commissioners / LCD including independent service review and develop an action plan to mitigate risk	Oct 16: Contract discussion underway to obtain funding to support service demand (demand is 60% over contracted funding). Consideration of mediation by providers / commissioners Dec 16: contract negotiation ongoing for 17/18	Townend, Keeley	01/04/2017	04/07/2017
															Flowopoly	Meetings have been held with WYUC to look at the journey of a patient call to 111 to look at where the blockages are.	Flowopoly exercise facilitated by the Improvement Academy was held on 3rd November to map the flow of contacts within urgent care journey and identify blockages and challenges. Well attended with representatives from 111, WYUC and Commissioners. Jan/Feb contract offer rejected by YAS. Agreed for review after WYUC review completed. Initial findings of review presented in January 17.	Leese, Mark	03/11/2016	03/11/2016
															Independent Review	Review to commence in 2017 to inform what the service needs to be beyond the current contract	April 17: this review has completed, now planning review meetings to implement recommendations: Jan 17: The Primary Care Foundation are completing the independent review of WYUC agreed by lead commissioner Greater Huddersfield CCG. The dataset required has been agreed and includes information in respect of numbers of cases, spread across the week, day, hour, priority of referral from 111 to WYUC, the time of the episode of care and whether it is booked or not along with some demographic information, but not person identifiable. Information Sharing Agreement has been drafted for signatures of relevant parties, to include the method by which the data will be transferred and storage/retention arrangements.	Leese, Mark	28/04/2017	28/04/2017
															WYUC and 111 Surge and Escalation Plans	Both organisations have updated their surge and escalation plans. Now a 4 stage process.	Surge and Escalation plans refreshed annually	Leese, Mark	30/11/2016	23/04/2018
															Planning meetings following Independent Review	Planning meetings	a) patient pathways and efficiencies b) streamline access (Clinical Advisory Service and 111 to LCD) c) commissioner support with contract delivery	Leese, Mark	31/07/2017	04/07/2017
															WYUC Review action plan	Task and finish group to be set up to assist implementation devise work plan for task and finish group deep dives every third meeting	Feb 18: RAG action can be closed Jan 18: meeting with CCG on WYUC action plan 17.1.18, have had progress in some operational aspects of the plan including queue management. Bid is out now for new contract. Group is in place and meets regularly, chaired by commissioner contract manager	Cooke, Andrew	29/12/2017	22/02/2018
															Surge and escalation plan	Review surge and escalation plan annually with winter planning processes in place		Leese, Mark	28/09/2018	
1060	Weekend Rota's in PTS Communications Centre	PTS (Patient Transport Services) - Operations	Hinks, Maria	Operational Risk	Capacity	20/12/2017	30/08/2018	If the weekend rotas in the PTS Communications Centre are not staffed sufficiently THEN performance may be effected RESULTING IN missing of KPI targets and reduced patient experience	volunteers rota'd on to weekends Managers covering the rota gaps	Staff are not contracted to work weekends and therefore it is only staffed by those who volunteer. this is unsustainable particularly for the managers who are covering each weekend.	12	12	Moderate Risk	6	recruitment of staff to cover weekends	Recruitment has commenced to fill vacant posts which will be on a rota basis to cover weekends	May 18: 3 dedicated weekend staff in place Feb 18: (RAG) 10 staff currently in training, advert out this week to YAS staff for internal bank has had a good response. Making progress towards mitigation. Dec 17: interviews have been conducted and some of the vacancies filled but not yet commenced in post	Hinks, Maria	30/08/2018	
1061	Alternative Resource Management	PTS (Patient Transport Services) - Operations	Monaghan, Rebecca	Operational Risk	Patient harm	20/12/2017	30/06/2018	IF private providers do not meet the requirements of the subcontractor agreements THEN performance and quality may be effected RESULTING IN a risk to patient safety	Governance checklist Governance visits	compliance performance management framework	12	12	Moderate Risk	6	Monitoring of compliance against standards	On-going monitoring of compliance against required standards to be undertaken	Feb 18: sub contractor governance checks and visits are in place. Concerns that e-learning is being utilised for some training that should have a practical element eg. moving and handling	Monaghan, Rebecca	30/06/2018	
														Performance Management of Subcontractors	Performance management framework to be produced and approved	May 18: plan to review complaints for sub contractors and compare to PTS service Feb 18: PTS Governance Group reviewing a new process.	Monaghan, Rebecca	30/06/2018		
1062	PTS Volunteers training provision	PTS (Patient Transport Services) - Operations	Monaghan, Rebecca	Strategic Risk	Training, Education & Compliance	20/12/2017	30/06/2018	IF PTS volunteers training isn't specific to the audience and delivered through a structured timely plan THEN PTS may be at risk of not delivering full compliance RESULTING IN potential loss of volunteers and negatively impacting the PTS alternative resource model.	Training is working to align modifications suggested by Alternative Resource Management team	1) No specific training packages for volunteers 2) Training database is inaccurate - some of the training data does not appear to have been recorded 3) Having to ask the volunteers to resubmit their training books, causing frustration amongst the	12	12	Moderate Risk	6	Volunteer Workbooks	Statutory and Mandatory training workbooks to be revised to suit PTS volunteers	May 18: work still on-going by training team	Howitt, Kath	30/06/2018	
														VCS training Data	Training department to link with Alternative Resource Manager PTS to ensure data relating to training of VCS drivers is accurate	May 18: paper to TEG next week with plans to mitigate risk	Rowbottom, David	30/06/2018		
Quality, Governance and Performance Assurance Directorate																				
1063	Cumulative effect of repeated moving and handling	Quality and Nursing	Jackson, Shelley	Operational Risk	Health and safety	22/12/2017	31/05/2018	IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury	Board commitment to reducing MSK injury in the workforce Health and Wellbeing Lead and Advisor CQUIN reporting New vehicle design group Response Bag Review Group Moving Patients Safely Group Trust Procurement Group Policies and Procedures: Moving and Handling, DSE, Risk Assessment. Education and training - mandatory face to face and e-learning Learning from incidents, claims, sickness reports NARSAF May 18 are considering	Quality of Occupational Health Service provision (Risk xx and associated actions)	12	12	Moderate Risk	3	H&S Exec and NARSF partnership working	Partnership working with Health and Safety Executive and National Ambulance Risk and Safety Forum on reduction of MSK injuries in the Ambulance Service	Dec 17: action plan set up and HSE Inspector meeting all Ambulance Trusts throughout January 2018 Apr 18: Next NARSF meeting with the HSE as a group on 16th May to discuss progress.	Ashby, Clare	31/05/2018	
															Reduce Response Bag weight	Reduce weight of bags	Apr 18: tender is progressing Dec 17: Response bag subgroup (subgroup of TPG) is working to reduce the weight and review the design of the current response bag. Unpack and repacking to minimum stock list, review of contents. Apr 18: Bag sub group to meet next on 24th April. Tender evaluation for new bags to be held on 9th May.	Jackson, Shelley	31/07/2018	
															Defibrillator replacement	Defibrillator replacement to consider weight	Feb 18: Corplus3 has been selected which is 3.3kg lighter than Lifepak 15 Dec 17: weight has been a consideration in purchase of new defibrillators for RRVs	Owen, Andrew	01/02/2018	22/02/2018
															Vehicle design to include consideration of MSK impact	Vehicle design Group to consider moving and handling risk	Dec 17: lessons learned from previous procurement and included in vehicle design specifications Apr 18: Vehicle group	Ashby, Clare	31/05/2018	

1015	Post-Occupational Exposure Prophylaxis	Quality and Nursing	Ashby, Clare	Operational Risk	Infection, Prevention & Control	01/08/2017	28/09/2018	IF YAS do not have a robust process for staff requiring prophylaxis THEN we may not be able to secure provision RESULTING IN YAS staff not receiving timely prophylaxis	YAS IPC policies YAS staff understand the requirement for prophylaxis Datix incident reporting process notifies IPC lead of any incidents	Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers.	12	12	Moderate Risk	4	Formalise process for post occupational exposure that is not Blood Born Virus (BBV)	Formalise protocol within YAS for gaining access to correct post occupational exposure prophylaxis.	March 18: Provision of prophylaxis arrangements through current OH contract is not available and is unlikely to be available with other private providers. Most hospital trusts are providing prophylaxis by including YAS staff as part of the 'team' managing the patient.	Ashby, Clare	30/11/2017	12/03/2018	
															Considered as part of OH contract review	Ensure exposure prophylaxis is considered as part of OH contract review, in line with The Green Book recommendations, and ensure internal SOP is updated if internal prescription process becomes a viable option.	Apr 18: Will be considered as part of OH contract provision review	Houghton, Helen	28/09/2018		
941	Nursing Roles and special pensions status	Quality and Nursing	Owens, Karen	Strategic Risk	Financial	13/04/2017	11/06/2018	IF YAS does not make clear on recruitment that a role does not require nursing registration THEN the Trust will have recruited nurses into non-nursing roles who believe they qualify for pensions special status but do not RESULTING IN legal challenge and potential financial impact	Identified all nurses working at YAS and those in roles where professional registration is, or is not, required Review and validation of monthly ESR report produced by HR to monitor registration and revalidation of nurses in roles where this is required Identified pensions start date of all nurses and those with pensions special status (95 scheme) Internal Audit review with action plan in progress	Identification on ESR of nursing role where not clear in job title	12	12	Moderate Risk	4	Recording roles with professional registration requirement as NMC on ESR	Role with nursing professional registration requirement to be recorded as Nursing and Midwifery (not Admin and Clerical) on ESR		Owens, Karen	28/04/2017	28/04/2017	
															Review remaining existing posts recorded as Admin and Clerical being done by registered nurses in 95 scheme for eligibility to special pensions status and communicate	Review of existing roles recorded as A&C on ESR to confirm nurse professional registration is not required, and where the individual is in the 95 scheme, communicate outcome	Sept 17: Roles reviewed, ESR updated as appropriate. For future recruitment it will be clear which roles require nurse professional registration and which are A&C. SOP is being developed to dovetail to Professional Registration Policy and Recruitment and Selection Policy.	Owens, Karen	31/03/2018	12/04/2018	
															Clarity on requirement for professional registration in any future job descriptions and advertisement	All recruitment to ensure there is clarity in the requirement for a professional registration and recording on ESR reflects this	March 18: development of process ongoing, this is being overseen by Pt Safety and Nursing Development Manager and Nurse Leadership Forum. Monitoring of registration and revalidation in place. Sept 17: SOP being developed which will align to Professional Registration Policy and Recruitment and Selection Policy. ESR will clearly record requirement for professional registration.	Owens, Karen	11/06/2018		
697	Health and Safety Training for middle managers	Quality and Nursing	Jackson, Shelley	Strategic Risk	Health and safety	25/08/2015	31/05/2018	If the Trust's middle management do not receive formal health and safety training, then the Trust will be unable to effectively maintain its health and safety management system.	1)Health and Safety Competent person in post (Health and Safety Manager) 2)Health and Safety Management system in place in line with HS(G)65 3)Up to date Health and Safety policies and procedures in place 4)Middle Managers have been offered investigation skills and root cause analysis training	1) Health and Safety training for middle managers was last provided by the Trust in 2008 however only 2 courses out of 16 planned were run and they were poorly attended. Therefore, YAS middle managers have yet to receive formal health and safety training. 2) The NHS Employers document "Health and Safety Competencies for NHS Managers" published in March 2015 details key competency areas for line managers which YAS middle management do not comply with.		9	12	Moderate Risk	3	IOSH accredited H&S Training to middle managers	1) Middle managers e.g. Locality Managers in Ops to be provided with appropriate IOSH* accredited health and safety training i.e. either IOSH Managing Safely, IOSH Managing Safely in Healthcare or an equivalent IOSH accredited course.	11.05.17 All 3 IOSH Managing Safely courses now delivered. Good feedback received from all attendees. 27 managers were invited to attend the training and all 27 have completed the course.	Launchbury, Tracy	31/05/2017	26/10/2017
															New health and safety sentencing guidelines	To review the impact of the new health and safety sentencing guidelines on the Trust. Health and Safety Manager to meet with Director of Quality, Governance and Performance Assurance	Meeting held, new guidelines were reviewed and an example case was worked through. A copy of the guidelines was supplied to the Director of QGP. Paper presented to H&S committee in June with training proposal. Agreement gained for action. Potential course details provided to Head of Leadership and Learning for costing and progression. Paper since gone to the Education and Training Sub Group, Karen Warner agreed to speak to Steve Page about the proposal before this went ahead. 1598 IOSH Training for Middle Managers was identified in the Trust wide TNA and reported to TEG, this will not be within the Workforce Training Plan for 2016/17 therefore agreement to provide will be sought in February 2016 as part of the overall abstraction plan and training should this be approved will commence in early in the new financial year. 3 quotes for the training have been requested, this is now with Shelagh O'Leary to approve due to the significant cost element associated with this training. Meeting held with potential training provider to deliver a session to senior management and provision of IOSH training to targeted groups of middle managers following full H&S training needs analysis for Trust management. Further information being sought from Procurement before sessions can go ahead.	Jackson, Shelley	08/06/2016	08/06/2016	
															TMG paper - external provision costs	Prepare a paper for TMG (16 November 2016) to give costs of external provision of required training	11.10.16 Paper prepared. Quotes are valid for 30 days. 16.11.16 TMG support proposals - for procurement	Jackson, Shelley	16/11/2016	16/11/2016	
															Develop non-accredited Health and Safety training	Develop non-accredited H&S Training course for Management group not included in the IOSH accredited training. Work to be done by Health and Safety Manager in partnership with Head of Learning and Development.	Apr 18: work almost completed on training package.	Jackson, Shelley	31/05/2018		

1039	FOI Compliance	Legal Services	Balfour, Caroline	Strategic Risk	Regulatory compliance	18/10/2017	30/06/2018	IF YAS do not respond to >90% of FOI requests within the 20 day statutory timeframe THEN the Trust will be non-compliant with the Freedom of Information Act RESULTING IN increased risk of possible regulatory enforcement action from the Information Commissioner's Office (ICO)	Legal Assistant for FOI and DPA requests FOI Policy and procedures Identified departmental FOI contacts Internal process with response timescales Executive sign-off for request disclosure Procedure for handling FOI requests Monthly monitoring of compliance and reporting on IPR	Capacity within Legal Services for information request handling Reduced hours for Head of Legal Timely assistance, communication and response from departments Non-consistent approaches to FOI handling in departments Relying on Excel as the request handling management system Availability of Execs/Senior Managers for sign-off process Publication Scheme does not cover much of information repeatedly requested	20	12	Moderate Risk	4	Additional capacity in Legal Services	Arrange temporary cover to fill the vacant (maternity leave) post.	Nov 17: identifying appropriate agency resource. Light duties individual in place until the end of January 2018 Dec 2017 Agency FTE approval complete	Balfour, Caroline	08/01/2018	13/12/2017
															Increased hours of Head of Legal	CB to return to FT hours to create better oversight of the process and to have more accessibility for staff regarding request approval.	CB returned to FT hours from 3/11/17	Page, Steve	07/11/2017	03/11/2017
															Better awareness, communication and compliance for IAOs	To raise awareness with IAOs regarding the Trust's legal duty and their responsibility within the request handling responsibility.	Jan 18: discussed at IG Working Group. IAOs to be initial point of contact with service for FOIs, along with subject matter expert where appropriate will co-ordinate the response.	Dickinson, Katy	31/01/2018	20/02/2018
															Change of internal request handling procedure	Initial review of incoming requests to be re-implemented to appropriately sign-post and identify trends.	initial review step reinstated into practical handling. A standardised procedure to send all FOI requests to IAOs to disseminate/delegate and allocate appropriate time/resources in place. Feedback to IAOs on response content to promote future learning.	Dickinson, Katy	31/12/2017	07/12/2017
															Implement request management software	Implement Datix FOI request handling	April 18: Options reviewed. Plan to use Datix for FOI request handling is being implemented, to be live by July 2018	Guiry, Danielle	01/08/2018	
															Review request sign-off procedure	To identify if any changes can be made regarding the FOI request sign-off procedure - can there be any delegation of responsibility?	increased use of signposting and confidence in data is resulting in reduced exec sign off requirements	Balfour, Caroline	31/03/2018	07/12/2017
															Increased oversight monitoring	Monitoring of FOI compliance through IPR to be re-established and oversight by RAG to be implemented.	May 18: (RAG) compliance for April 18 was 74%, proposal to increase risk rating back to Red to be made to TMG Apr 18: compliance for March 18 is 70%, action plan in place to improve. Jan 18: Reported compliance for December 2017 is 100%. Monitoring to continue for 3 months, reported to RAG. Jan and Feb compliance achieved.	Page, Steve	04/06/2018	
															Proactively publish routine datasets and FAQs to satisfy future FOI requests	Review of information contained in Publication Scheme.	Apr 18: policies to be published in April 18. Jan 18: action plan for publication of Trust policies is being progressed. Dec 17: Further areas are being identified where information could be routinely published including the external publication of Trust policies and details regarding Hoax callers. Nov 17: PTS have agreed to routinely publish 4 datasets on a 6 monthly/annual basis so that requesters can be directed to them.	Darby, Allan	30/06/2018	
146	Annual IG Training of all staff	Performance Assurance & Risk	Travis, Maxine	Strategic Risk	Information governance	09/09/2013	02/07/2018	IF YAS staff do not complete annual IG training THEN this is a breach of statutory duties and could potentially RESULT IN incidents of non-compliance	1. Information Governance Manager delivering Information Governance sessions for cohorts of new starters at Induction (other new staff undertake the Statutory and mandatory workbook, which includes IG training module). 2. Information governance module along with knowledge check included within the YAS Mandatory Training Workbook, local e-learning module with knowledge check and Statutory and Mandatory Training Workbook 3. Staff update periodic articles relating to specific incidents 4. Development of revised IG training plan to meet the requirements of IGTK 112 5. SIRO training requirements complete. IAO training monitored via quarterly IAO review meetings. 6. Yearly requirement reflected within the Statutory and Mandatory Training Policy and Procedure. 7. Bespoke information governance workbook and comprehension test process in place (paper and electronic i.e. YAS247 and NLMS) refreshed Oct 16.	1. 95% of staff have to undertake annual IG training, to meet the IG training target.	12	12	Moderate Risk	4	monitor uptake staff IG training	Monthly monitoring of uptake of IG training by staff:	Jan 18: monitored through workforce dashboards on a monthly basis as BaU Nov 17: uptake is monitored on a monthly basis.	Travis, Maxine	02/07/2018	
															Update Training materials 17/18	Update annual mandatory training refresher workbook and question set	Dec 17: Communication to go out reminding all staff of the need to complete the annual IG refresher. IAOs to be asked to support achieving the 95% compliance target. Nov 17: workbook and questions updated and launched early Nov 17.	Darby, Allan	10/11/2017	21/11/2017
															Review PTS volunteers IG training materials	Review IG training materials for PTS volunteers	Nov 17: tailored version of IG training materials launched	Darby, Allan	18/12/2017	13/11/2017
															Staff Update - publicity	Article in Staff Update to encourage completion of annual training	April 18: updates through Q4 17/18 and also direct lists to IAOs to highlight staff who are required to complete training. Jan 18: Staff update published in December, further comms planned during Q4 17/18. SIRO to promote through TEG and IAOs encouraged to follow-up in their depts. Dec 17: Staff Update article due to be published w/c 4/12/17. Nov 17: article prepared for Staff Update	Travis, Maxine	01/07/2018	
															Prepare training compliance statement	Develop training compliance statement for IGTK	March 18: training compliance statement with mitigations in place has been prepared for IGTK submission and signed off by SIRO. Update to TMG in April 18 on full toolkit submission	Darby, Allan	31/03/2018	01/04/2018
															Implement national training materials	Work with Education and Training Team do launch nationally accredited training materials on the new learning platform	April 18: initial meetings between IG Manager and Training Team	Travis, Maxine	30/06/2018	
															Implement Records Management Assurance Exercise Trustwide	1b. Implementation of records management assurance exercise Trustwide	May 17: working with identified priority sites that are to be decommissioned and where site inspections identify records at higher risk of flood/fire damage. Ongoing I4I programme highlights to IG manager any records management concerns for further investigation IAO reviews consider records management arrangements on YAS sites and requirement to archive off-site at Restore.	Kaplan, Leon	26/06/2017	28/04/2017
150	Storage of paper-based records on YAS sites	Performance Assurance & Risk	Darby, Allan	Operational Risk	Information governance	09/09/2013	02/07/2018	IF information is not stored securely on YAS premises THEN there is potential for inappropriate access RESULTING IN a breach of the Data Protection Act	1. IAO role is responsible for records management in their area. Covered during quarterly risk review meetings. 2. Revised Records Management Policy setting out expectations in relation to management and storage of records. 3. RESTORE Storage company is used to archive records in a secure environment off-site. 4. I4I process, covers questions around records held locally on premises and the inspection would alert the IG Manager to any concerns at the specific location. 5. Records amnesty 6. IG Manager specialist advice to departments and services in review of	1. Records possibly held insecurely across the YAS estate, which the Trust is not aware of.	12	12	Moderate Risk	4	Archiving at priority sites	Link with Estates to understand priority sites for focus of records management archiving work during 18/19	Apr 18: Working with Doncaster Hub to evaluate records on site. Dec 17: IG Manager advising on Fairfields Rotherham, Willerby AS Oct 17: Snapshot records inventory undertaken 10/10/17 and fed back to decommissioning project. Aug 17: Fairfields, Rotherham decommissioning project commenced with Estates as lead. To provide archiving and destruction advice to the project. July 17: Monkgate complete May 17: Focus on Monkgate York and at Fairfields Rotherham. Advising services at these sites on retention periods and process for archiving where appropriate. I4I has identified York Ambulance Station as having some records in filing cabinets that need to be reviewed. RAG Jan 17: need to understand priority sites for development/disposal that will require a records management exercise in preparation	Darby, Allan	02/07/2018	
															Implement Records Management Assurance Exercise Trustwide	1b. Implementation of records management assurance exercise Trustwide	May 17: working with identified priority sites that are to be decommissioned and where site inspections identify records at higher risk of flood/fire damage. Ongoing I4I programme highlights to IG manager any records management concerns for further investigation IAO reviews consider records management arrangements on YAS sites and requirement to archive off-site at Restore.	Kaplan, Leon	26/06/2017	28/04/2017

998	Availability of CCTV for pursuance of sanctions	Performance Assurance & Risk	Page, Steve	Operational Risk	Staff & 3rd Party Safety	18/07/2017	04/06/2018	IF CCTV is not readily available THEN investigations cannot be comprehensively conducted RESULTING IN failure to impose sanctions and redress	Safety and Security Policy CCTV Policy CCTV Log of requests and faults managed by Risk Team Data Flag procedure Audit of quality of premises CCTV and reporting for remedial actions Tools available for retrieval of vehicle footage	Capacity of Fleet Team, specifically Electricians, to retrieve footage Availability of vehicles for VOR 5 different types of vehicle CCTV installed Length of time of capture is inconsistent on vehicles Premises CCTV images are poor G4S SLA for Premises CCTV is unclear on provision and charges	12	12	Moderate Risk	3	Amend CCTV policy	Add other Fleet roles to CCTV policy who can retrieve (not view) hard drives/memory cards Add ROC managers access for Premises CCTV for specified incidents	Sept 17: additional Fleet roles added to CCTV policy to retrieve footage. ROC managers trained, access provided to ROC for viewing premises CCTV for urgent out-of-hours Police requests and for incidents requiring immediate investigation (in hours and routine incidents to be managed by Security Team). July 17: Fleet Team have identified other roles that would be able to recover hard drives from vehicles, these need to be reflected in the policy	Travis, Maxine	31/10/2017	16/10/2017
															SOP for vehicle health check	Develop and implement SOP for vehicle health check	Feb 18: Annual Vehicle Health Check is in place which includes ensuring CCTV on vehicles is working July 17: Vehicle Health Check SOP will include re-formatting of CCTV memory card/hard drive to ensure remaining capacity and not corrupt. Will be included as part of review of vehicle maintenance policy and procedures	Moyes, Richard	31/03/2018	15/02/2018
															Premier Hazard equipment	Ensure sufficient supplies of Premier Hazard hard drives and tools to remove drives (New Fiat vehicles)	Sept 17: sufficient hard drives and tools for retrieval have been obtained July 2017: further hard drives and relevant tools are on order	Moyes, Richard	30/09/2017	30/09/2017
															Deploy CCTV overlay to Premier Hazard systems	1) Deploy the overlay 4G system to Premier Hazard And 2) Upgrade VUE SD card systems to hard drive	Apr 18: meeting arranged for mid-May to arrive at recommendation on deployment of overlay equipment Mar 18: Security Group - agreed actions of members to feed back. Upgrade of SD cards to hard drives continues. ST/JB establishing options and costs of 4G / WIFI and which fleet this will apply to for consistency of access, viewing and downloading. Jan 18: Security Group reviewing functionality that will be offered by installation of the 1) Premier Hazard overlay system - YAS infrastructure will not support WIFI/4G capability. 2) VUE systems - the SD cards are being removed and replacement of a recording box to upgrade capacity and quality - this is ongoing on a swap out basis and will be completed early 18/19. July 2017: Premier Hazard overlay equipment procured 130k Capital Bid and delivered in 16/17. To be installed on vehicles with Premier Hazard CCTV systems to standardise. Currently in Unit M.	Tawls, Steven	04/06/2018	
933	Conflict Resolution Training provision	Performance Assurance & Risk	Page, Steve	Strategic Risk	Staff & 3rd Party Safety	03/04/2017	30/05/2018	IF CRT is not delivered in line with the risk-based assessment THEN staff may not be adequately trained in order to de-escalate or manage violence and aggression RESULTING IN potential for physical or psychological injury to staff	Safety and Security Policy and associated procedures Local Security Management Specialist role Security Management workshop (November 2016) and NHS Protect SRT declaration Action plan from SRT LSMS attendance at CRT training to review content and delivery Themes and trends analysis from reported incidents at local and national level	1) Embedded systems and processes to support staff in pursuance of sanctions 2) Publicised sanctions and redress to act as a deterrent 3) CRT delivery for Comms Centres and other relevant staff groups who come into contact with the public	12	12	Moderate Risk	3	Position statement and action plan	Set out evidence-based position and develop action plan	Dec 17: plan for Comms centres and other staff to be agreed by TEG, Training and Development are leading this work. Sept 17: meeting with Head of Community Resilience regarding provision of CRT for Community First Responders and discussion around 'train the trainer' and delivery in set evening sessions. August 17: Development of PTS CRT commenced, feedback from Security Team to Organisational Development	Travis, Maxine	31/01/2018	31/01/2018
															TNA to include CRT where indicated	Contribute to development of Trust TNA	July 17: A&E Ops abstraction agreed and in place. CRT being delivered. Security function contributing to overall mandatory training TNA for all staff groups to ensure CRT is included where indicated. Agreed relevant staff groups - to prioritise development and delivery for patient-facing groups; PTS, CFRs, then comms centres and other staff. April 17: Work ongoing is focussing on A&E Operations face-to-face abstraction to develop TNA June 17: A&E abstraction agreed by TEG as 2 days.	Travis, Maxine	03/07/2017	30/09/2017
															CRT for A&E Ops	Develop and launch A&E Ops CRT	July 17: A&E Ops package commenced delivery June 17: A&E Ops package in final draft with LSMS, ECAC for review.	Travis, Maxine	01/07/2017	03/07/2017
															PTS CRT	Develop and launch CRT for PTS	Nov 17: finalised and launched. Nov 17: final draft Oct 17: RAG,CM: PTS mandatory training new programme will launch in November. Sept 17: development commenced	Travis, Maxine	30/11/2017	30/11/2017
															CRT Comms centres (EOC, PTS and 111)	Develop and launch CRT for comms centres	March 18: ongoing liaison with Mandatory Training lead regarding development of e-learning for Comms centres. Risk Team preparing some content based on actual incidents and Training Team continuing to progress implementation of Learning platform and understanding options available for presentation of more interactive learning. Jan 18: discussions in Q3 regarding the new Learning Platform and functionality for audio scenarios.	Travis, Maxine	30/05/2018	
															CRT for CFRs	Develop and launch CRT for Community First Responders	Oct 17: scoping meeting Training team, Head of Community Resilience, Risk Manager to understand training cycle and restrictions on availability of CFRs to receive training	Travis, Maxine	30/05/2018	

1009	General Data Protection Regulations (GDPR) compliance	Performance Assurance & Risk	Page, Steve	Strategic Risk	Regulatory compliance	04/08/2017	25/05/2018	IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher).	1. Legal bases for processing personal data 2. Existing Subject Access procedures 3. Contracts with third party processors 4. Information Processing/Privacy Notices 5. Data breach/Incident investigation procedures 6. Privacy Impact Assessments (PIAs) 7. Information Sharing Protocols and Agreements 8. Technical security procedures	1. Legal bases need to be revisited to reflect Article 6 requirements 2. Subject Access Request procedures need to be amended to reflect the new rights of data subjects - Articles 7 - 21 3. All data processing contracts to include model clauses to clarify the obligations of controllers and processors 4. Privacy notices need to be explicit, up to date and accessible to all users 5. Data breach/Incident investigation procedures will need to be amended to reflect Articles 33 and 34 requirements 6. Data Protection Impact Assessments (DPIAs) need to be mapped to Article 35 7. New procedures required to address Privacy and Data Protection by Design 8. Designation of a Data Protection Officer	20	12	Moderate Risk	4	<p>Raise awareness of GDPR</p> <p>Compile a report for the Board / senior team to ensure there is corporate buy-in. Start to raise awareness amongst staff and contractors</p> <p>Apr 18: Awareness raised with IAOs and other relevant teams/individuals. Training sessions advice workshops held with several teams. Oct 17: TMG paper going to 15/11/17 (carried over from cancelled meeting on 11/10/17) meeting for awareness raising and approval of Implementation Plan and designation of DPO. Presentation to IAOs at IGWG 4/10/17. Discussed with IAOs during risk review meetings.</p> <p>Darby, Allan</p> <p>25/05/2018</p>	<p>Keep records of data processing activities</p> <p>Ensure there is a comprehensive understanding of the information held and how it is used oReview existing information asset registers and update where necessary</p> <p>Apr 18: Flowz software purchased and implementation workshop planned for 23/4/18. Oct 17: Data Flow Mapping tool to be reviewed to build in new requirements for recording of processing activities.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Identify the legal basis for processing personal information</p> <p>Document a legal basis for each processing activity identified through audit and flow mapping</p> <p>Apr 18: All information assets and data flows have been updated with the appropriate lawful basis under Article 6 and 9 of the GDPR. Oct 17: To work with IAOs to redefine the legal basis for all processing of personal information. For health record related processing Article 6(1)(e)-Public Task and Article 9(2)(h)-Provision of health or social care or treatment will be largely applicable.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Demonstrate compliance with consent requirements</p> <p>Update our communication materials and internal processes to support the obtaining of verifiable consent that is freely given, specific, informed and unambiguous</p> <p>Apr 18: SIRO advised on use of consent Oct 17: Consent for processing personal information should be avoided where possible. For 'ordinary' personal data - rely on processing to support a public task/exercise of official authority will be justification. For 'special category' personal data - rely on processing for the provision of health care.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Comply with more stringent transparency and fair processing requirements</p> <p>Update our communication materials to support people being properly informed of the use of their personal information and of their rights before or at the time their information is collected. Review and update our privacy / fair processing notices / communication materials</p> <p>Apr 18: New Privacy Notice has been drafted and liaising with Online for publication.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Manage children's rights</p> <p>If YAS offer any paid-for online services directly to children, provide age-appropriate communication materials; and implement processes to enable us to demonstrate that we verified the child's age, and that consent was freely given, specific, informed and unambiguous.</p> <p>Oct 17: Likely to be not applicable to YAS</p> <p>Darby, Allan</p> <p>25/05/2018</p>	<p>Support individuals' rights</p> <p>Update our communication materials and internal processes to support individuals' rights of rectification, erasure (the right to be forgotten), restriction, data portability and, objection to processing.</p> <p>Apr 18: raising awareness with IAOs Oct 17: Limited application to NHS Data Controllers due to regulatory exceptions around processing required for pursuance of the public task/provision of health care.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Manage subject access requests</p> <p>Update YAS internal processes to provide individuals with access to their personal information normally within one month and at no charge.</p> <p>Apr 18: Procedure updated to reflect new GDPR requirements - awaiting approval of IGWG and TMG. Oct 17: Discussed required changes with Legal Services. Data Protection Policy extended to May 2018 so that appropriate amendments can be made e.g. 30 day processing and no fee.</p> <p>Dickinson, Katy</p> <p>25/05/2018</p>	<p>Detect, report and investigate personal data breaches</p> <p>Update YAS internal processes to comply with the requirement to report specific breaches to the ICO within 72 hours of becoming aware of such a breach.</p> <p>Oct 17: Current procedures are largely fit for purpose and set out process for reporting.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Carry out Data Protection Impact Assessments</p> <p>Update existing documents to reflect the requirement to carry out a DPIA where processing is likely to result in high risk to the rights and freedoms of individuals.</p> <p>Apr 18: New procedure and DPIA template drafted to be approved by IGWG and TMG. Oct 17: Initial screening questions to be implemented into PID/Project Management process.</p> <p>Darby, Allan</p> <p>25/05/2018</p>	<p>Implement data protection by design and by default</p> <p>Use the findings from the information audit and flow mapping to ensure all current and proposed processing activities have data protection compliant technical and organisational controls in place.</p> <p>Apr 18: policies updated to reflect requirement for DPIA which is part of PID process Oct 17: Privacy concerns to be considered at project initiation and maintained through project lifecycle.</p> <p>Darby, Allan</p> <p>31/05/2018</p>	<p>Designate a Data Protection Officer</p> <p>Review the responsibilities of the DPO and ensure an appropriately qualified person is designated into the role. A DPO is mandatory as YAS is a public authority</p> <p>Feb 18: Head of Legal Services designated DPO. Jan 18: Designation being considered. Nov 17: TMG meeting held 15/11/17 - option has been decided upon but designation yet to take place. Oct 17: Options appraisal included in TMG paper for 15/11/17 for decision.</p> <p>Page, Steve</p> <p>31/01/2018</p> <p>09/02/2018</p>
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